## L19000074005

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(Address)	500
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(Business Entity Name)	
(Document Number)  Certified Copies Certificates of Status	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
Woodbine Green, LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Laura L Whiteside	
Name of Person	
Hicks Whiteside PLLC	
Firm/Company	
1217 Leisure Ave.	
Address	
Tampa, FL 33613-1725	
City/State and Zip Code	
Iwhiteside@hwław.attorney	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	e call:
Laura I. Whiteside	813 876-3113
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	int:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ı) .	1217 Leisure Ave, Tampa, FL 33613	(h	1217 Lei	isure Ave., Tampa, FL 33613-1725
., .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		_		
	03/15/2019		.19000074	
	Date of filing/registration in Florida	4.		Document number
a)	Hicks Whiteside PLLC			
	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of St	atc:
	14906 Winding Creek Ct., Suite 102D			
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRESS,		
				.; <b>2</b> 3
	T	33713		- <b>920</b>
	Tampa, F	L_33613		
) )	Hicks Whiteside PLLC			AHASSE
	Enter name of NEW Registered Agent and/or NEW Registere	d Office ado	ress:	
	1217 Leisure Ave.			D STATE
	NEW Registered Office Address:			
	Tampa	, 33613-17	25	_
	, F	L		_
· li	mited liability company is not organized under the la	iws of the	State of F	lorida, it is hereby confirmed that afte
W VC	or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members	iability cor of the limi	npany, it ted liabil	is hereby confirmed that the change(s ity company or as otherwise provided
	cles of organization or the operating agreement of the	,	•	• •
</td <td>ura . Whitasido attorney in four of a member or authorized representative of a member</td> <td>Laura</td> <td>i L. Whites</td> <td>Printed or typed name of signee</td>	ura . Whitasido attorney in four of a member or authorized representative of a member	Laura	i L. Whites	Printed or typed name of signee
_₹				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

ure of Registered Agent