

3/7/23, 10:41 AM

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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Fax Number : (850)617-6383

From:

Account Name : HUY JACOB P.A.  
Account Number : 120210000156  
Phone : (239)790-0123  
Fax Number : (239)317-6070

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: bscherle@hmrllawfirm.com

LLC REGISTERED AGENT CHANGE  
WREN HOUSE LLC

Certificate of Status	0
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**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.

1. Name of the limited liability company: WREN HOUSE LLC

2. (a) 5th Floor, U.S. Bank Building (b) 5th Floor, U.S. Bank Building

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

520 Walnut Street

520 Walnut Street

Des Moines, IA 50309-4119

Des Moines, IA 50309-4119

April 18, 2019

1.19000099947

3. Date of filing/registration in Florida

4. Document number

5. (a) Peter Huy

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

950 N. Collier Blvd. Ste 101

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Marco Island

34145

FL

(b) Peter Huy

Enter name of NEW Registered Agent and/or NEW Registered Office address:

6050 Collier Boulevard, Suite 132

NEW Registered Office Address:

Naples

FL 34114

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

William D. Scherle  
Signature of a member or authorized representative of a member

William D. Scherle

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00