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(R	lequestor's Name)
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02/04/21--01005--028 **25.00



3/12/21 N/ /

COVER LETTER

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TO: Registration Section Division of Corporations

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Wheeler Hall, LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gilbert Lee Sandler

Name of Person

Wheeler Hall, LLC

Firm/Company

2811 South Bayshore Drive, 9D

Address

Coconut Grove, FL 33133

City/State and Zip Code

lsandler@strtrade.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gilbert Lee Sandler	305 894.1000 at ()
Name of Person	Area Code & Daytime Telephone Number
<u>Mailing Address:</u> 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 follow	sing amount:
S25 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

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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. N	lame of the limited liability company: Wheeler Hall, L	LC		
2. (a)			(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2811 South Bayshore Drive, 9D		2811 South	n Bayshore Drive, 9D
	Coconut Grove, FL 33133		Coconut G	irove, FL 33133
	04/01/2020		1.200000946	598
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Gilbert Lee Sandler			
	Registered Agent and Registered Office shown on the records o 3845 Wood Avenue	of the Flori	da Dept. of Stati	- v:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>557</u>	-
	Coconut Grove, F	L		202
				1021 FEI: -4
(b)	Enter name of NEW Registered Agent and/or NEW Registere	+ () er		
	and a set of the set o	<u>a ojnce a</u>	<u>agress</u> :	
	Gilbert Lee Sandler			
	NEW Registered Office Address:			- <u>(</u>)
	2811 Bayshore Drive, 9D			, CT
	Coconut Grove	, 33133	<u></u>	-
agent v was/wi the arti	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member	e register iability c of the lin e limited Gil	ed office and ompany, it is nited liability liability com bert Lee Sandl	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. er Printed or typed name of signce
the obl	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	ree to ac perform of for in the hereby c	t in this capa cance of my d Chapter 605, onfirm that ti	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signatu	re of Registered Agent			
	Division of Corporations, P.O.	D	ማቀ ጥልሀል	

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