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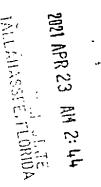
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	WOODWARDIA, LLC
	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 in	natter to the following:
Charles M. LeSchack	
Name of Person	
CUMMINGS & LOCKWOOD LLC	
Firm/Company	
Six Landmark Square, 9th Floor	
Address	
Stamford, CT 06901	
City/State and Zip Code	
cleschack@ci-law.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
Charles M. LeSchack	203 351-4418 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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 am	ount:
\$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.

1. N		RDIA, LLC		_		
	Principal office address of limited liability company:		_			
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of lim			
	2 Dogwood Lane	2 I	Dogwood Lane			
	Greenwich, CT 06830	Gr	eenwich, CT 06830			
	4/27/2020	L20	000111548			
3.	Date of filing/registration in Florida	4.	Document numbe	:[
5 /a)					
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dep	pt. of State:			
	CLASP, INC.			5,	~	
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)			22	
	3001 TAMIAMI TRAIL N., STE. 400			<u> </u>	2021 APR	· ;
	NAPLES , F	34103		ASSEL FLORIDA	₹23	
		<i></i>			至	• •
(b)	Enter name of NEW Registered Agent and/or NEW Registers		<u> </u>	===		;
` ,	Enter name of NEW Registered Agent and/or NEW Registers	ed Office addres	3:	22.	2։	
	John R. Musicaro, Jr.)A	£	
	NEW Registered Office Address:					
	918 Orchid Point Way					
	Vero Beach	32963				
chang agent was/w the ar Sign I herr provis the ob-	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the authorized representative of a member of	aws of the Sta ne registered o liability comp s of the limited ne limited liabi	office and the business offi any, it is hereby confirme d liability company or as c ility company. John R. Musice Printed or typed nar	d that the otherwise aro, Jr.	e change e provid	red e(s) ed in
יונונמה ר	ed in writing of this change.					
Signat	ture of Registered Agent					