3/10/23, 11:08 AM

Division of Corporations



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LLC REGISTERED AGENT CHANGE THE WM GP I, LLC

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To

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	ame of the limited hability company:	THE WM GP I, LLC		
2. (a)	1000 Highland Colony Parkway Suite 5	(b)	1000 Highland Colony Parkway Suite 5203	
	Principal office address of limited habili (Note: MUST BE STREET ADD	у сопрану:	Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)	
	Ridgeland, Mississippi 93157		Ridgeland, Mississippi 93157	
				_
	· · · · · · · · · · · · · · · · · · ·	 	111	_
	6/4/2020		1.20000152087	
3.	Date of filing/registration in Flo	orida 4.	Document number	_
5. (a)	CT CORPORATION SYSTEM			
(,	Registered Agent and Registered Office shown o	n the records of the Florida	Dept, of State:	
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLOE	SIDA STREFT ADDRESS)	2	
	PLANTATION	, FL 33324	2	
			023 HAR 10	
(b)	Business Filings Incorporated			:
	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office add	dress.	=>
	1200 South Pine Island Road		•	
	NEW Registered Office Address:			,,
			?:	
			· 1	
	Plantation	FL 33324		
10.1 1				
If the I the cha	imited hability company is not organized arge or changes are made, the Florida stre	under the laws of the 5 ct address of the regist	State of Florida, it is hereby confirmed that after stered office and the business office of the registere	·d
agent v	vill be identical. Or, in the case of a Flor	ida limited liability cor	empany, it is hereby confirmed that the change(s)	•
	clessor organization or the operating agre		ited liability company or as otherwise provided in lability company.	
4.4	albert (L	Hol	lly Knight, Member of BGC Advantage, LLC, Manager	
Signa	hire of a manibul or authorized representative of a	member	Printed or typed name of signee	
provisi the obl to mere votified	ons of all statutes relative to the proper o	má complete verforma.	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and acce Thapter 605, F.S. Or, if this document is being filled infirm that the limited liability company has been	DI
	re of Registered Agent			
-	Das, AVP, Business Filings Incorporated	tions P () Roy 6W7:	• Tallahassee, FL 32314	
	Transion of Collinear	TAILLE TACK NOT ONE LA	- & 1744144101276 V4 E A3 6" MAY E"E	

FILING FEE: \$25,00