

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000181774 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:			1021 MA ECRE TALL	محاربته
	Division of Co	rporations		- a d
	Fax Number	: (850)617-6383		NCALC
				(19913
_			ີ ທີ່ ທ າ	1
From:			CO PR	(Sectory
	Account Name	: PARANET CORPORATION SERVICES,	INCER T	6 6 6
	Account Number	: 12009000069	1100	1703003
	Phone	; (800)277-9977		Sec. 9'
		: (800)815-0477	്് ന	
	Fax Number	: (800)813-0477	с ini	

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

billw@som.net Email Address:



LLC REGISTERED AGENT CHANGE WF 9TH AVENUE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

(((H21000181774 3)))

COVER LETTER

TO: Registration Section Division of Corporations

WF 9th Avenue, LLC

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:

ł,

Bill Welden

Name of Person

SPM Property Management

Firm/Company

1103 Richard Arrington, Jr Blvd S

Address

Birmingham, AL 35205

City/State and Zip Code

billw@spm.net

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

For further information concerning this matter, please call:

Natalie Leiba-Paul	at (800 277-9977					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle	Tallahassee, Florida 32314					
Tallahassee, Florida 32301						
Enclosed is a check for the following	Enclosed is a check for the following amount:					
S25 Filing Fee	\$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

FL015N + 7/17/2019 Walters Klewer Online

FILED 121HAY -5 PH 4: 50 SECKETAD SEE.FL 1

(((H21000181774 3)))

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	lame of the limited liability company: WF 9th Avenu	ue, LLC			
2. (a)	L029 22nd Street South	(b)_P	P.O. Box 55465		
_ . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Birmingham, AL 35205	<u>B</u>	irmingham, AL 35255	5	
	October 14, 2020	L2	0000325050	202 S E	
3.	Date of filing/registration in Florida URS Agents, LLC	4.	Document	INY	
5. (B	Registered Agent and Registered Office shown on the records of the Florids Dept. of State 3458 Lakeshore Drive			-5 PH	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			PH 4:50 OF STATE SSEE, FL	
	Tallahassee	FL		1.1	
(b)	NRAI Services, Inc.				
(U)	Enter name of NEW Registered Agent and/or NEW Registe	ered Office addre	1		
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation	FL			
the ch agent was/v	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited vere authorized by an affirmative vote of the member ticles of organization or the operating agreement of	s of the register d liability comp ers of the limite	ed office and the bu pany, it is hereby co d liability company	usiness office of the register infirmed that the change(s)	
l	Nuns Ne	William	B. Welden		
Sign	white of a member or authorized representative of a member		Printed or ty	yped 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. NRAI Services, Inc.

By:

Signature of Registered Agent Natalle Leiba-Paul - Assistant Secretary

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

(((H21000181774 3)))