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(((H22000243073 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:

LLC REGISTERED AGENT CHANGE WC STRATEGIC ADVISORS LLC

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

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COVER LETTER .

TO: Registration Section Division of Corporations	·
	ADVISORS LLC
Nam	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
rease return an correspondence concerning in	s matter to the tonowing.
Joshua Murahy	
Joshua Murphy	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwes	t Pkwy, Ste 400
Address	-
Augstin TV 70705	
Austin, TX 78735	and there is a second of the contract of the c
City/State and Zip Code	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter,	please call:
	,
Joshua Murphy	888 705-7274
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	amount:

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

15129570210

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

l. Na	Name of the limited liability company: WC STRATEGIC ADVISORS LLC					
. (a)	6124 TARAWOOD DR	IVE	_{b)} 6124	TARAWOO	D DRIVE	
(44)	Principal office address of limited liability	company:		tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	ORLANDO, FL 32819	<u>(533)</u>	ORLA	NDO, FL 32		
	40/02/2000			205490		
	12/23/2020	· · · · · · · · · · · · · · · · · · ·	L2000C)395180		
	Date of filing/registration in Flo	rida 4.		Document number		
. (a)	WATZKA, PETER J			-		
	Registered Agent and Registered Office shown on		la Dept, of State			
	6124 TARAWOOD DF			-		
	Registered Office Address MUST BE FLOR	<u>IDA STREET ADDRES</u>				
	ORLANDO	328	19		F)	
(b)	Registered Agent Solution	ns, Inc.			F11 2022 JUL 18	
ζ-,	Enter name of NEW Registered Agent and/or NI	EW Registered Office a	ddress:	-	. = -	
	155 Office Plaza Dr.			_		
	NEW Registered Office Address:					
	Suite A			-	AMTT: 07	

the articles of organization or the operating agreement of the limited liability company.

/s/ u	IOHN	CALL	٩GH	AN

JOHN CALLAGHAN

Authorized Person

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and ogree 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 chapte is the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent