## L21 000 029 839

(Requestor's Name)						
(Add	ress)					
(Add	ress)					
(City	/State/Zip/Phone	<del>;</del> #)				
PICK-UP	☐ WAIT	MAIL				
(Bus	iness Entity Nan	ne)				
(Doc	ument Number)					
Certified Copies	Certificates	of Status				
Special Instructions to F	iling Officer:					
<u> </u>						

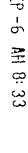
Office Use Only



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2022 SEP -6 AH 8: 33



## **COVER LETTER**

Division of Corporations		
SUBJECT: WJB	Hoday Group LLC Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	-	
Greg Lenti Name of Person  TSD Hacky Group Firm/Company		
20 Constitution Dr. Address	2022 SEP - 6	
Hudson NH 0305 City/State and Zip Co	<u>5/</u>	
City/State and Zip Co	ode $\blacksquare$	
9 lenti 8 norther cyclone. E-mail address: (to be used for future	S. Com  e annual report notification)	
For further information concerning this ma	atter, please call:	
Greg Lenti Name of Person	at ( 603 ) 714 - 3536  Area Code & Daytime Telephone Number	
Mailing Address: 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	wing amount:	
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

## 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. No	me of the limited liability company: WT	3 <u>H</u> a	ckey G	ray, LL		<u> </u>	
2 (a)	4420 Portofino Way			20 Portofino			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of (Note: MAY BE	limited lia	•	
	Apt. 110		Apt	: 110			
	West Palm Beach, FL 33409	<del>-</del>	west	Palm Beach	, FL	_33	409
	01-29-2021		LZ	100002	9839	?	
3.	Date of filing/registration in Florida	4.		Document num	iber		
5. (a)	CT Corporation System						
(	Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept. of State	- e:			
	1700 South Pine Island Rd.						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		=			
						2	
			- //	-		022	
	Plantation	333	24	_		SEP	
(b)	Joseph Flunagan			_		9-6	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	ress:		-	AH	: 0 [
	4420 Portofino Way					ფ. 33	
	NEW Registered Office Address:			_			
	Apt. 110			_			
	West Palm Beach .FL	33	109	-			
Signa  I here provise the oblito mere	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law ture of a member of authorized representative of a member of the law accept the appointment as registered agent and agree ligations of my position as registered agent as provided lev reflect a change in the registered office address. I had in writing of this change.	registered bility con the limit imited lia	l office and appany, it is ted liability com	d the business of shereby confirm y company or a npany.  Greal Company or a Printed or typed to a confirm of further or typed to a confirm of typed typed to a confirm of typed	office of that is otherwise of the otherwise of signature of signature to	the regithe chaise pro	istered inge(s) vided in

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

Signature of Regime ed Agent