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(((H21000181788 3)))



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To:

Division of Corporations

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From:

Account Name : PARANET CORPORATION SERVICES, INC.

Account Number : 120090000069

Phone

: (800)277-9977

Fax Number

: (800)815-0477

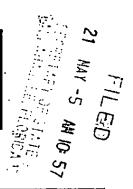
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(((H21000181788 3))) **COVER LETTER** TO: Registration Section Division of Corporations WF Lawson, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: 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 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:

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□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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.

Name of the limited liability con 1029 22nd Street South		POI	Box 55465
Principal office address of (Note: MUST BE S		(b) 1.0.1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Birmingham, AL 35205		Birmin	ngham, AL 35255
April 9, 2021		L21000	0166437
Date of filing/regist	ration in Florida	4.	Document number
(a) URS Agents, LLC			
Registered Agent and Registered O 3458 Lakeshore Drive	ffice shown on the records of the	Florids Dept. of	f State:
Registered Office Address (MU	IST BE FLORIDA STREET ADI	DRESS)	
Tallahassee	, FL_ ³²	312	
NRAI Services, Inc.		_	,
(b)Enter name of NEW Registered A	gant and/or NEW Revisiered Of	Tice address:	F 21 NAY 可可能从 使供证的的
NEW Registered Office Address:			
1200 South Pine Island Road			
Plantation	, FL_33	324	A D S
change or changes are made, the nt will be identical. Or, in the ca /were authorized by an affirmation articles of organization or the op	of organized under the laws of Florida street address of the se of a Florida limited liability verse of the members of the limited lim	of the State of the State of the State of lity company, the limited lial nited liability	of Florida, it is hereby confirmed that after office and the business office of the registere, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Nun B Nelle		William B. V	
gnature of a member or authorized repre		to act in this	Printed or typed name of signee capacity. I further agree to comply with the
ereby accept the appointment as visions of all statutes relative to to obligations of my position as reg nerely reflect a change in the reg fied in writing of this change. NRAF pervices, Inc.	registered agent and agree the proper and complete pe, istered agent as provided fi istered office address, I her	rformance of or in Chapter eby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been

Natalle Leiba-Paul - Assistant Secretary

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