L21000522708

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>





200419500132

11/30/23--01019--022 **25.00

Lo 15 ... co ... 5: 0.7

COVER LETTER

Division of Corporations	•
SUBJECT: Woodland Hills Partners L	LC
Name of Limited L	iability 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:
Christopher Joseph Gibson Name of Person	
Woodland Hills Partners LLC Firm/Company	
2209 Briana Dr.	<u> </u>
Brandon, FL 33511 City/State and Zip Code	<u></u>
E-mail address. (to be used for future annual report notifi	cation)
For further information concerning this matter, please call:	
hristopher Joseph Gibson at (305) Name of Person) 505-0366 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Enclosed is a check for the following amount:

\$25 Filing Fee

Tallahassee, FL 32314

□ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

TO:

Registration Section 1

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 liability company: Woodland	Hills	Partner	s LLC	
2. (a)	2209 Briana Dr., Brandon, FL 335	II a	12209 B	riana Dr. Bra	ndon. FL 33511
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (-		Mailing address of limit (Note: MAY BE PO	ted liability company:
		_			
	12/13/2021		L21000	0522708	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	ZENBUSINESS INC.				
()	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	:	
	336 E. College Ave.				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u> </u>		
	Suite 301				
	Tallahassee , FL	32	301		7-3
					- √3 :
(b)	Christopher Joseph Gibson				, <u>:</u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>dress</u> :		5
	2209 Briana Dr.				
	NEW Registered Office Address:				- €9 - ₹9
					77
	Brandon, FL	335	11		
agent was/w	imited liability company is not organized under the law c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registere bility co f the lim imited l	ed office and mpany, it is ited liability iability com	the business office hereby confirmed company or as oth pany.	e of the registered that the change(s) nerwise provided in
Signa	ture of a member or authorized representative of a member	<u></u>	11 1570 pher	Toseph Gil	of signee
I here provisi the obi	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	e to act	in this cana	city I further gard	ee to comply with the
Signatu	re of Registered Agent				