## L23000377208

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

Division of Corporations		
WD YUKON ST, LLC SUBJECT:		
	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	g this matter to the following:	
Name of Person		
Halifax Law Group		
Firm/Company		
P.O. Box 9357		
Address		
Daytona Beach, Fl. 32120		
City/State and Zip Coc	le	
eservices@halifaxlawgroup.com		
E-mail address: (to be used for future	annual report notification)	
For further information concerning this ma	tter. please call:	
Ashley D. Mason	386 492-4880 at ( )	
Name of Person	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	ring 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. N	ame of the limited liability company: WD YUKON ST	r, llc	
2. (a)		(b)	
<b>-</b> : (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/10/2023	L230	00377208
3. 5. (a)	Date of filing/registration in Florida William Daragan	4.	Document number
(u)	Registered Agent and Registered Office shown on the records of 3000 SW 4th Avenue	Tthe Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	Fort Lauderdale FI	33315	2023 ( SECF
(b)	Daytona Registered Agents		FIL 2023 OCT 23 SECRETARY
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	FILE
	444 Seabreeze Boulevard		FILED CT 23 AM IO: 10 ELARY OF STATE
	NEW Registered Office Address:		10
	Suite 890		
	Daytona Beach, FI	32118	
change agent v was/wo	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lister authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered offi ability compant of the limited li	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
i <del></del>	Checker	Ashley D.	
	tune of a member or editorized representative of a member		Printed or typed name of signee
provisi he obl o mere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete igations of my position as registered agent as provide elv reflect a change in the registered office address, I is a limited to this order. There is the complete of this order.	vee to act in thi, performance o d for in Chapte hereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been
Signatu	re of Registered Agent		