23000493775

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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2023 DEG 14 PH 12: 40

CORPORATION SERVICE COMPANY
1201 Hays Street

CONTACT PERSON: Eyliena Baker -- EXT#

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000000	195		
	REFERENCE	:	198111	8435041		
	AUTHORIZATION	:				
	COST LIMIT	:	\$ 25.00	Belenen	ノ	
ORDER DATE :	December 14, 202	23			·	
ORDER TIME :	2:53 PM				2	i —
ORDER NO. :	198111-005		ŗ		2023 DEC 4	DIVISION OF CORPORATION.
CUSTOMER NO:	8435041		ţ !		1 33	0
CHANGE OF AGENT						
NAME :	WWIĄ LLC				PM (2: 40	,
CERTIF	THE FOLLOWING AS TIED COPY STAMPED COPY	S PR	OOF OF FIL	ING:		

EXAMINER:

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. Na	ame of the limited liability company: WWIA LLC		_		
2. (a)			(b)	9)	
2. ()	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)	
	1700 NW 64TH ST SUITE 470			1700 NW 64TH ST SUITE 470	
	FORT LAUDERDALE, FL 33309			FORT LAUDERDALE, FL 33309	
	10/30/2023			L23000493775	
3.	Date of filing/registration in Florida	4.	_	Document number	
5. (a)					
	Registered Agent and Registered Office shown on the records WOLFSON, ZACHARY	of the Flor	ridā l	Dept. of State:	-
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRI	:SS)	2	
	1700 NW 64TH ST 470				
	FORT LAUDERDALE	FL_3330	9	2023	0/V/2/
				D _C	カー ラム とが、
(b)	Enter name of NEW Registered Agent and/or NEW Registe	red Office		4	
	Enter name of NEW Registered Agent and/or NEW Registe	rea <u>tymice</u>	auu		
	Corporation Service Company			PM:12: 41	S
	NEW Registered Office Address:				~
	1201 Hays Street			○ ₹	
	Tallahassee	FL_3230	1		
change agent w was/we	imited liability company is not organized under the or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cles of organization or the operating agreement of the second control of the co	the registed Hiability ars of the I	ered con imit	d office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in	
/s/ Jill (Ji	ill Ci	Cilmi, Authorized Person	
I heret provision the oblination	ture of a member or authorized representative of a member by accept the appointment as registered agent and a ons of all statutes relative to the proper and completigations of my position as registered agent as provietly reflect a change in the registered office address. I in writing of this change.	igree to a de perfor ded for ii I hereby	ict ii mai i Cl con	Printed or typed name of signee in this capacity. I further agree to comply with t ince of my duties, and I am familiar with and acc hapter 605, F.S. Or, if this document is being fil infirm that the limited liability company has been	he ept led
	Those Lake black of Corporate Kirby, Asst. Vice President on behalf of Corporate Kirby, Asst. Vice President On C	ation Ser	vice	e Company	

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

NHS18 (2/14)