Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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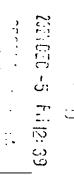
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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	To: Division of Corporations
	·
	Fax Number : (850)617-6383
	From:
	Account Name : REGISTERED AGENT SOLUTIONS INC
0	Account Number : I20100000062
03.	Phone : (888)705-7274
() () () ()	Fax Number : (888)706-7274
(0)	(350)/35 72/4
sam se	**T-to- the small address for this business entity to be used for future
175 7.5	**Enter the email address for this business entity to be used for future
1	annual report mailings. Enter only one email address please.**
€.	
•	Email Address:

LLC REGISTERED AGENT CHANGE WB INVESTMENT HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00



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pg 1 of 3

COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	WB INVESTMENT HOLDING	GS, LLC	
SOBSECT.		Name of Limited	Liability Company
Dear Sir or l	Madam:		
The enclose	d Registered Agent/Registered	Office Change an	nd fee(s) are submitted for filing.
Please return	n all correspondence concernin	g this matter to th	e following:
Alicia Richa	rds		
	Name of Person		
Registered A	gent Solutions, Inc.		
	Firm/Company		
Corporate Co	enter One, 5301 Southwest Pkwy.	Ste 400	
	Address		
Austin, TX 7	78735		
	City/State and Zip Co	de	
E-mail	address: (to be used for future	annual report not	ification)
For further i	nformation concerning this ma	tter, please call:	
Alicia Richar	rds	888 at (705-7274
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: gistration Section vision of Corporations b. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the follow	ving amount:	
u s	25 Filing Fee	٥	\$55 Filing Fee & Certified Copy
INHS18 (2/L-	4)		

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.

2. (a)		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	4015 DUVAL DRIVE 1990 SOU			UTH COAST HIGHWAY, SUITE 3		
	JACKSONVILLE BEACH, FL 32250	LAC	GUNA BEACH,	A BEACH, CA 92651		
	10/28/2024	L240	(N)453911			
3. 5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.	Documer	nt number		
J. (4)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	The Florida Dept.	of State:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				
	TALLAHASSEE, FI	L 32301-2525		· · · · · · · · · · · · · · · · · · ·		
(b)	Registered Agent Solutions, Inc.			2521 DEC		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:		. · · · · · · · · · · · · · · · · · · ·		
	2894 Remington Green Ln.					
	NEW Registered Office Address:		<u> </u>			
	Ste. A			12: 39		
	Tallahassee, Fl	L				
change agent v was/wo	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	e registered off ability compan of the limited I	ice and the busi iy, it is hereby c iability compan	ness office of the registered confirmed that the change(s)		
<i>ISI</i>	Scott A. Blum	Scott A. B		Member		
Signal	ture of a member or authorized representative of a member		Printed or	typed name of signee		
provisi the obl to merc	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I in writing of this change.	ree to act in this performance and for in Chapta hereby confirm	is capacity. I fu of my duties, and er 605, F.S. Or o that the limited	orther agree to comply with the d I am Jamiliar with and accep , if this document is being filed d liability company has been		

Signature of Registered Agent Mackenzie Hibler, Asst. Secretary