

08/22/12 17 FAX

Division of Corporations

L98000003513

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

AUG 23 2012

L. SELLERS

From:

Account Name : WINDERWEEDIE, HAINES, WARD & WOODMAN, P.A.
Account Number : 076077002775
Phone : (407) 246-8678
Fax Number : (407) 423-7014

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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WCD WESTGATE, L.L.C.

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H12 000 209 5293

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: WCD WESTGAGE, L.L.C.
2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

1350 Orange Avenue, Suite 100
Winter Park, Florida 32789

- (b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

12/31/1998

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3. Date of filing/registration in Florida
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: WILLIAM C. DEMETREE FAMILY OFFIC
- Registered Office Address: 1350 ORANGE AVENUE
SUITE 100
WINTER PARK, FL 32789

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

WHWW, INC.

NEW Registered Office Address:

390 N. ORANGE AVENUE, SUITE 1500
ORLANDO FL 32801

(**MUST BE FLORIDA STREET ADDRESS**)

FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mary L. Demetree
Signature of a member or authorized representative of a member

MARY L. DEMETREE, MANAGER

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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

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