

L99000007467

(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:

*[Handwritten Signature]*

Office Use Only



300064637613

01/31/06--01046--003 \*\*25.00

RECEIVED  
TALLAHASSEE, FLORIDA

06 JAN 31 PM 12:47

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WNC FLORIDA, LLC  
(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 this matter to the following:

David N. Shafer

(Name of Person)

WNC & Associates, Inc.

(Firm/Company)

17782 Sky Park Circle

(Address)

Irvine, CA 92614-6404

(City/State and Zip Code)

For further information concerning this matter, please call:

Tamara J. Horton

(Name of Person)

at (714 )

662-5565 (x153)

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

 \$25 Filing Fee

 \$55 Filing Fee & Certified Copy

INHS:18 (8/05)

**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. The name of the limited liability company is: WNC Florida, LLC
2. The mailing address of the limited liability company is: 17782 Sky Park Circle  
Irvine, CA 92614-6404
3. Date of filing/registration in Florida November 04, 1999
4. Document number 1990000007467
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporate Company of Miami

Name

201 South Biscayne Blvd.

Address

Miami, FL 33131

City, State and Zip

6. The name and address of the new registered agent and/or office:

Olsen Securities Corporation

Name

5292 Guadalupe Blvd.

Florida street address (P.O. Box NOT acceptable)

Wimauma FL 33598

City, State and Zip

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.

David Shafer  
(Signature of a member or authorized representative of a member)

David Shafer  
(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.*

Demetria L. Linares  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

DHS18 (8/05)

TOTAL P.04

SECRET  
STATE  
TALLAHASSEE, FLORIDA

05 JAN 31 PM 12:47

APPROVED  
FILED