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Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

WH CAPITAL, L.L.C.

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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.

agent, or both, in the Stat	•			2	
1. The name of the limite	d liability company	is: WH	Capital, L.L.C.		· ,
2. The mailing address of				side Parkway, Ste 385,	
Atlanta, GA 30327	•				
5/14/2002			M020000	01230	•
3. Date of filing/registrat					
	ered agent and the re	_		own on the records of the	:
·. ·	1200 S. PINE IS	Nam	¢	· .	
	PLANTATION F		••		SECRE ONVISION
6. The name and address		ty, State : i agent ar	-	:	山岩
	Business Filings	Incorpo	rated		ORP C
	Name 1203 Governors Square Blvd, Suite 101			→ RST	
•	Florida street address (P.O. Box NOT acceptable			ible)	FIGHS
	Tallahassee	FL	32301-2960		• !
	City	, State a	nd Zip		;
and the business office of liability company, it is he	hange or changes are the registered agent reby confirmed that ed liability company	e made, the will be in the chang or as other	ne Florida street ad dentical. Or, in the se(s) was/were authorwise provided in	te of Florida, it is hereby dress of the registered offices of a Florida limited norized by an affirmative the articles of organization	vote of
(Signature of a member or author	ized representative of a me	amber)			•
Lindsey Kamin, Vice	President				:
(Printed or typed name of signee					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registere. 15 of all statutes rela 1d accept the obligat this document is bei 1 that the limited lial	d agent quive to the constant of me filed worth the constant of the constant o	nd agree to act in t e proper and comp y position as regis o merely reflect a c pany has been not	this capacity. I further ag hete performance of my di tered agent as provided fo hange in the registered of ified in writing of this cha	ree to uties, ir in flice nge.

(Signature of Registered Agent) Nark Schiff, AVP, Business Filings Incorporated

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

INHS18(10/99)

FILING FEE: \$25.00