2/21/2018

Division of Corporations

## Morida Department in State 3515 Division of Corporation State 3515 According these observations of the Corporation of Corpor

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## LLC REGISTERED AGE T CHANGE WEC 99C-14 LLC

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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 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. N	lame of the limited liability company: WEC 99C-14 LL	LC
2. (a)	no change	(b) no change
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	12/31/2002  Date of filing/registration in Florida	4. Document number
5. (a)	)	ŧ
J. (a)	Registered Agent and Registered Office shown on the records of a CORPORATE CREATIONS NETWORK INC.	of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	[ADDRESS]
	11380 PROSPERITY FARMS ROAD #221E	0.
	PALM BEACH GARDENS	L 33410
		ES T
(b)	Enter name of NEW Registered Agent and/or NEW Registered	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:
	C T Corporation System	# <b>E</b>
	NEW Registered Office Address:	DRA G
	1200 South Pine Island Road	10A 22
	Plantation , FL	L 33324
the cha agent v	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the l	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registere iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company.  Jennifer Kurz
Signat	ture of a member of authorized representative of a member	Printed or typed name of signee
I herei provisi the obli to mere notified CT Co	11	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being file hereby confirm that the limited liability company has been Alfred Younan  Assistant Secretary

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