## M0500003073

(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:						

Office Use Only



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2022 APR 26 AH 7: 44
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

VISIUM OF CONFORATIONS

RECEIVED

O SIMMON: APR 2 7 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 120000001	95					
	REFERENCE	: 637510	8368290					
P	AUTHORIZATION	Louiseles	ad					
	COST LIMIT	: \$25.00						
ORDER DATE : Api								
ORDER TIME : 2:	:27 PM							
ORDER NO. : 637	7510-024							
CUSTOMER NO:	8368290							
	·	<b></b>						
CHANGE OF AGENT								
	WINGATE MANAGE LLC	MENT COMPANY,						
PLEASE RETURN THE	FOLLOWING AS	PROOF OF FILI	NG:					
CERTIFIED XX PLAIN STA								
CONTACT PERSON:	Eyliena Baker							

EXAMINER'S INITIALS:

## 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.	Na	ame of the limited liability company: WINGATE MAN	AGEM	ENT COMPA	ANY, LLC			_
2	(a)	100 WELLS AVE						
	()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability compa					_
		2ND FLOOR			2ND FLOOR			
		NEWTON, MA 02459	NEWTON, MA 02459				_	
		06/07/2005		M05000003073				
3.		Date of filing/registration in Florida	4.	· · ·	Document number			_
5.	(a)							
	(-)	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM	the Flori	da Dept, of Sta	te:			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_			
		1200 SOUTH PINE ISLAND ROAD				S	20	
		PLANTATION FL	33324		<del>-</del>	ECRETARY OF TALLAHASSEE	2022 APR 26	_
						TAR AH	₹26	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	_	SSV V V		Ţ
				,		EE,	AM 7፡	Ţ
		Corporation Service Company	_			₽Ā	Ę.	
		NEW Registered Office Address:	mi*					
		1201 Hays Street			_			
		Tallahassa	00004					
		Tallahassee, FL	32301		<del>-</del>			
ch: age wa	ange ent v s/v <b>y€</b>	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagon authorized by an affirmative vote of the members of the operating agreement of the	register bility c f the lin limited	red office an ompany, it is nited liabilit liability con	d the business office of shereby confirmed that y company or as other npany.	of the regist at the chan	ered ge(s)	ie
_,	iona	fure of a member or authorized representative of a member	Jili ——	Cilmi, Autho	orized Person  Printed or typed name of	- Colonno		_
[] pre the to	nerei ovisi obli mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	ee to ac perforn I for in ercby c	t in this cap ance of my Chapter 605 onfirm that	acity. I further agree :	to comply i	vith the d accep ng filed been	, H [
<u>e</u> :	<u></u>	Irace Cokuble	<u>Gra</u>	ce E. Kirby,	Asst. Vice President			
ЭЩ	znatu:	re of Registered Agent						