## M070000872

(Rec	questor's Name)			
(Address)				
(Address)				
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only

B. KOHR

OCT 2 2 2009

**EXAMINER** 



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10/22/09--01003--019 \*\*50.00



B. KOHR

OCT 2 2 2009

CYNNINER

DIVISION OF CORPORATIONS

09 OCT 21 AM 8: 29



UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

October 21, 2009

## CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Wink Companies, LLC

		· · · · · · · · · · · · · · · · · · ·	
Filing Evidence  ☑ Plain/Confirmation	n Copy	Type of Document  Certificate of Status	
□ Certified Copy		☐ Certificate of Good Standing	
		□ Articles Only 3	
Retrieval Reques	s <b>t</b>	☐ All Charter Documents to Includ Articles & Amendments	
□ Photocopy	<u>51</u>	□ Fictitious Name Certificate	
□ Certified Copy		□ Other	
Commed Copy		L Other	
NEW FILINGS		AMENDMENTS	
Profit		Amendment	
Non Profit		Resignation of RA Officer/Director	
Limited Liability	X	Change of Registered Agent	
Domestication	Dissolution/Withdrawal		
Other		Merger	
OTHER FILINGS		REGISTRATION/QUALIFICATION	
Annual Reports		Foreign	
Fictitious Name		Limited Liability	
Name Reservation		Reinstatement	
Reinstatement		Trademark	
		Other	

## 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 limit	ed liability company is: W	/ink Companies, LLC		
2. The mailing address of	of the limited liability comp	oany is :		
8641 United Plaza Blvd., S	Suite 204, Baton Rouge, LA	70809		
2/0/2007	•	M07000000272		
3. Date of filing/registra	tion in Florida	4. Document number		
5. The name of the regist Florida Department of	tered agent and the register State:	M07000000872  4. Document number  ed office address as shown on the records of the  rvices, Inc. ame alte A Idress  ate and Zip  at and/or office:		
·	Florida Filing & Search Se	rvices, Inc.		
	N	ame		
	155 Office Plaza Drive, Su	lite A P		
	Ad	ldress		
Tallahassee, FL 32301		<u> </u>		
	City, St	ate and Zip		
6. The name and address	of the new registered ager	at and/or office:		
	NRAI Services, Inc.			
	Na	me		
	2731 Executive Park Drive	, Suite 4		
	Florida street address (I	P.O. Box NOT acceptable)		
		FL 33331		
	City, Stat	e and Zip		
confirmed that after the and the business office of liability company, it is hof the members of the library agreements.	change or changes are mad of the registered agent will ereby confirmed that the cl	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited nange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.		
Lori Pinder				
(Printed or typed name of signe	•			
I hereby accept the application of the comply with the provision and I am familiar with a Chapter 608 Ffs. Or, it address, I hereby confirm NRAI Services Im.  (Signature of Resistant Agent)	,	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, of my position as registered agent as provided for in id to merely reflect a change in the registered office company has been notified in writing of this change.		
Angela Gawlintki-Asist. Secretary				
\ Pivisi	•	Box 6327, Tallahassee, FL 32314		
FILING FEE: \$25.00				