## M1000000009a

(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:					





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J. HARRIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: July 30, 2015

Order#: 720037-025

Re: WENCOR, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.

2. (a) <sub>.</sub>	1625 N 1100 West		(b) 1625 N 1100 West		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Springville UT 84663	<u> </u>	Springville, UT 84663	3	
	01/07/2010		M10000000092		
	Date of filing/registration in Florida	4.	Document r	number	
(a)	Trevino, Michael				
(4)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:		
(b)	2000 NW 97th Ave				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u> </u>		
	Suite 118			<del>ें जि</del>	
	Doral	_ 33172	<del></del>	A A F	
				F 1	
	Corporation Service Company		· · · · · · · · · · · · · · · · · · ·		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			# <b>3</b> 0	
	1201 Hays Street			● 6	
	NEW Registered Office Address:			<i>-</i>	
			·····		
	Tallahassee , FI	32301			
4h a 12	inited liability communicates accomined and a the la	641	Ctata of Florida, it is bo		
	imited liability company is not organized under the la inge or changes are made, the Florida street address o				
ent v	vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members	ability co	mpany, it is hereby con	firmed that the change(s)	
	cles of organization or the operating agreement of the			r as otherwise provided it	
	120	Dona	a Priebe, Authorized Pe	rson	
Signal	a member or authorized representative of a member			ed name of signee	
herei ovisi e obl	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I	ree to act performa d for in C hereby co	in this capacity. I furth ince of my duties, and I hapter 605, F.S. Or, if infirm that the limited li	ner agree to comply with t am familiar with and acc this document is being fil ability company has been	

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

Signature of Registered Agent Corporation Service Company BY:Sylvia Queppet, Assistant Vice President