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COVER LETTER

TO: Registration Section Division of Corporation	ons	
,		
SUBJECT: ROYALE WPB PROPERTIES, LLC		
	Name of Limited	d Liability Company
Dear Sir or Madam:		
The enclosed Registered Age	nt/Registered Office	Change and fee(s) are submitted for filing.
Please return all corresponder	ce concerning this m	atter to the following:
	Wigder	
Name of	erson	
	Companies	
Firm/Con	pany	
5301 N. Fe	deral Hwy. إحداثه	e 220
Boca Rator City/State and	n, FL 33487 Zip Code	
marc@wig E-mail address: (to be used for fu	derco.com ure annual report notification	on)
For further information conce	rning this matter, ple	ase call:
Marc D. Wigde	erat (561) 674-0001
Name of Person	=	Area Code & Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323	: Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for	or the following amo	ount:
✓ \$25 Filing Fee		\$55 Filing Fee & Certified Copy

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. Name of the limited liability company:ROY	ALE WPB PROPERTIES, LLC
2. (a) Principal office address of limited liability company	y: <u>5301</u> N. Federal Hwy. , క్రబ్ ఈ 2నం
(Note: MUST BE STREET ADDRESS)	Boca Raton, FL 33487
(b) Mailing address of limited liability company:	5301 N. Federal Hwy., Suite 220
(Note: MAY BE POST OFFICE BOX)	Boca Raton, FL 33487
08/05/2010	M100000034₹8∠: 👼
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	MARC D. WIGDER
Registered Office Address:	5801 N. CONGRESS AVE SEE SEE SEE SEE SEE SEE SEE SEE SEE S
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: MARC D. WIGDER
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5301 N. FEDERAL HWY., Suite 220
	BOCA RATON ,FL 33487
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	Florida street address of the registered office
Signature of a member or authorized representative of a member	_
Marc D. Wigder Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent