## M1000000 3966

| (Requestor's Name)                      |  |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
|   |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |
| Special mandebons to 1 ming officer.    |  |  |  |  |  |
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Office Use Only



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SECRETARY OF STATE
TALL/MASSEE, FL

O SIMMONS JAN 15 2020



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: December 10, 2019

Order#: 093068-029

Re: WKG 3 PLUS, 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: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive 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.

OUCA.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.

| Na                               | me of the limited liability  | company: WKG 3 PLUS   | , LLC  |  |
|----------------------------------|--|---|--|--|
| (a)                              | 1700 Broadway, 34th Floo   | or  | (b)  |  |
| (a)                              | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)                               |   | (0)  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|                                  | New York   | N) 10019  | <del>-</del>   |  |
|                                  | 09/07/2010   |   | M100   | 00003966   |
|                                  |  | istration in Florida  | 4.   | Document number  |
|                                  | 0 T 0  | _   |  |  |
| (a)                              | C T Corporation System Registered Agent and Registere  |   | of the Florida Dept. of  | State  |
|                                  |  |   |  | 53   |
|                                  | 1200 South Pine Island   |   | T ADDRESS!   | — 28 <b>8 1</b> 5  |
|                                  | Registered Office Address 6  | MUST BE FLORIDA STREE   | <u> (ADDRESS)</u>  | ZINB DEC 13 SECRETARY TALLARY  |
|                                  | Plantation   | , F   | FL 33324   | INDEC 13 PH 6: TALLAHASSEE,  |
| (b)                              | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:                 |   |  | FIL 58   |
|                                  | 1201 Hays Street   |   |  |  |
|                                  | NEW Registered Office Addre  | 38:   |  |  |
|                                  | Tallahaana   |   | 20004  | _ <del>_</del>   |
|                                  | Tallahassee  | ,   | FL 32301   |  |
| e cha<br>ent v<br>as/w           | nge or changes are made, to the identical. Or, in the  | he Florida street address<br>case of a Florida limited<br>ative vote of the members | of the registered o<br>liability company,<br>s of the limited liab<br>ne limited liability | f Florida, it is hereby confirmed that after ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company. |
| Signa                            | ure of member or authorized re   | presentative of a member  | 3111 CIII111, AI   | Printed or typed name of signee  |
| ovisi<br>e obl<br>mer<br>otified | ons of all statutes relative igations of my position as left reflect a change in the last in writing of this change. | to the proper and comple registered agent as provide registered office address,     | te performance of<br>ded for in Chapter<br>I hereby confirm t                              | capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been         |
| gnatu                            | re of Registered Agent Corpor  | ation Service Company   | BY: Ami M.   | Casper, Asst. Vice President   |

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