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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

En	mail Address:			_	
	•	·	71.V 3.E	2015	
- 13 13	LLC REGISTERED AGENT CHANGE WVR COLORADO, LLC			DEC 10	
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	Estimated Charge	\$55.00		•	

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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.

۱. ۱	Same of the limited liability company: WVR COLORAD	O, LLO						
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of Note: MAY E	of limited I	iability company: OFFICE BOX)		
	850 NW 13th Ave.	850 NW 13th Ave.						
	Portland, OR 97209	_	Portland, OR 97209					
	09/28/2011		M11000004	4885				
3.	Date of filing/registration in Florida	4.		Document nu	ımber			
5. (a	CORPORATE CREATIONS NETWORK, INC.							
·	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Stat	te:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_				
	11380 PROSPERITY FARMS ROAD #221E							
(b)	PALM BEACH GARDENS , FL	33410		_				
	C T Corporation System		.2019					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> :	Office	ficeaddress: NHASSE TO					
	NEW Registered Office Address:		-	- Ma	• >			
	1200 South Pine Island Road		- COMI		U			
	Plantation, FL_	33324		- DA	· 15			
the clagent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the ease of a Florida limited lia were authorized by an affirmative vote of the members of ticles of flyganization or the operating agreement of the	the reg bility (f the li	gistered offic company, it i mited liabili	te and the busi is hereby confi ty company or	ness offi rmed the	ce of the registered it the change(s)		
	11/4			Jennifer Kurz, Manager				
Sign	nature of a member or authorized representative of a member			Printed or type	d nume of	signee		
provi the oi to me	elly accept the appointment as registered agent and agr signs of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I h ed in writing of this change.	neriar	mance of my	duties and L	ım famil.	iar with and accent		
By:	M. I Alfred Younan							
Signa	fure of Registered Agent Assistant Secretary							