

M1130000002698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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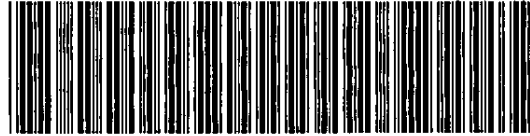
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 05 2015

Y SULKER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pari-Mutual Solutions, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrea Fuller

\_\_\_\_\_  
Name of Person

WBLH, Inc.

\_\_\_\_\_  
Firm/Company

824 5th Avenue South, Suite 106

\_\_\_\_\_  
Address

Naples, FL 34102

\_\_\_\_\_  
City/State and Zip Code

osofllc@outlook.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renee K. Boyce

\_\_\_\_\_  
Name of Person

at ( 239 )

641-5165

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$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 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.*

1. Name of the limited liability company: Pari-Mutual Solutions, LLC
2. (a) 824 5th Avenue South  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Suite 106  
Naples, FL 34102
- (b) 824 5th Avenue South  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Suite 106  
Naples, FL 34102
3. 04/29/2013  
Date of filing/registration in Florida
4. M13000002698  
Document number
5. (a) Robert H., McLean  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1900 SE 18th Avenue  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Suite 300  
Ocala, FL 34471
- (b) Andrea Fuller  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
824 5th Avenue South  
**NEW** Registered Office Address:  
Suite 106  
Naples, FL 34102

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

David N. Sexton  
Signature of a member or authorized representative of a member

David N. Sexton for member WBLH, Inc.  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Andrea L. Fuller  
Signature of Registered Agent