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	(Requestor's Name)				
	(Address)				
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	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	(Business Entity Name)				
	(Document Number)				
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SECRETARY OF STATE
FOR PARAMETERS. FL

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 377133 7280235

AUTHORIZATION

ORDER DATE : March 25, 2024

ORDER TIME : 11:12 AM

ORDER NO. : 377133-125

CUSTOMER NO: 7280235

CHANGE OF AGENT

NAME: WDFG JV HOLDINGS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS:

COVER LETTER

SUBJECT:Name	of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offic	o Change and facts) are submitted for filing					
	_					
Please return all correspondence concerning this	matter to the following:					
Name of Person						
	70 ' S					
Firm/Company	2024 JUN -7 PH 1:08 SECRETARY OF STATE TALLAHASSEE, FL					
· ······· Company						
Address						
City/State and Zip Code						
E-mail address: (to be used for future annua						
For further information concerning this matter, p	lease call:					
	_ at ()					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address:	Street Address:					
Registration Section	Registration Section					
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee					
Tallahassee, FL 32314						
Enclosed is a check for the following a	mount:					
□ \$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.

I. Na	ame of the limited liability company: WDFG JV Holo	lings LL	.C		
2. (a)	1 Meadowlands Plaza, Suite 902		(b) 1	Meadowlands Plaza, Suite	902
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(%)	Mailing address of limi (Note: MAY BE PO	
	East Rutherford, NJ 07073-2100		E:	ast Rutherford, NJ 07073-2	2100
			_		
	08/12/213-		М1	3000005049	-
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
	Registered Agent and Registered Office shown on the records of	The Flori	ida Dej	or, of State:	2024 SE
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>		2024 JUNI -7 SECRETAR
		 L			第 呈 5
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office :	addres	<u></u>	1 -1 0
	Corporation Service Company				
	NEW Registered Office Address:	-			
	1201 Hays Street				
	Tallahassee . FI	J 32301			
change agent v was/we the arti	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a!Florida limited li ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of of the li limited	red of compa mited Hiabil	ffice and the business office my, it is hereby confirmed liability company or as oth lity company, artin-Consuegra	e of the registered that the change(s) herwise provided in
1	are of a member or authorized representative of a member			Printed or typed name	· ·
provisi the obli to mëre notified	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I immitting of this change. **Launa Jodbolt** **Launa Jodbolt**	ree to a perfori d for in hereby	ct in to nance Chap confir	his capacity. I further agre of my duties, and I am fan ner 605, F.S. Or, if this do on that the limited liability	re to comply with the tiliar with and accept cument is being filed company has been
Signatui	re of Registered Agent				