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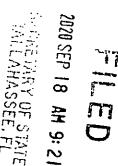
(Re	equestor's Name)							
(Ad	ddress)							
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(City/State/Zip/Phone #)								
PICK-UP	MAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	_ Certificate	s of Status						
Special Instructions to Filing Officer:								

Office Use Only



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Ja 10/23/20

CLAS Information Services 2020 Hurley Way, Suite #350 Sacramento CA 95825

Tel: (800) 447-6237

Job Number: 393898 Date: 09/10/2020

Name: WG LAKE WALES FL LANDLORD LLC

Request For: Florida

and the second

TYPE OF FILING: Change of Agent

Special Instructions:

Please file the attached upon receipt. We have enclosed check #90199 in the amount of \$25.00. Please call with any questions. Thank you in advance for your assistance.

Sincerely,

Judy Culver

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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.

l. Na	me of the limited liability company: WG L	AKE WA	LES F	L LANDL	ORD LLC					
2. (a)	C/O LAW OFFICES OF CHRISTOPHER R. DEAGA	ZIO, P.C.	C/O LAW OFFICES OF CHRISTOPHER R. DEAGAZIO,					AZIO, P.C.		
2. (a)	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)		**.		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	8 CEDAR STREET, SUITE 45				8 CEDAR STREET, SUITE 45					
	WOBURN, MA 01801			WOBURN, MA 01801						
	11/06/2014			M1400008119						
3.	Date of filing/registration in Florida	1	4.		Document num	ber				
5. (a)	CORPORATION SERVICE COMPA	NY								
<i>5</i> 1 (0)	Registered Agent and Registered Office shown on the 1201 HAYS STREET	records of th	e Florida	Dept. of State	-					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				 28	2020				
	TALLAHASSEE	, FL_	32301-	2525	•		2020 SEP	4 P		
(b)	JOHN K.C. HYSLIP				_	ay c Iass	œ -			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				دع بيا بريا	AM S				
	722 REEF POINT CIRCLE					9: 22	\sim			
	NEW Registered Office Address:									
	NAPLES	. FL	34108		-					
the cha agent v was/wi the arti	imited liability company is not organized undinge or changes are made, the Florida street avill be identical. Or, in the case of a Florida lere authorized by an affirmative vote of the moles of organization or the operating agreement of a member draphorized representative of a member of a memb	ddress of t limited liab nembers of ent of the l	he regis bility co the lim imited I JOH	tered office mpany, it is ited liability iability con HN K.C. H	e and the business hereby confirm y company or as a hystrian that it is a second of the second of th	ss office of ned that the otherwise SIDENT ame of signs	f the ree change provide	egistered ge(s) ded in		
provisi the obl to merc notified	ons of all stitutes relative to the proper and a igations of my position as registered agent as ely reflect a change in the pressered office act in writing of this change. The of Registered Agent JOHN K. CHYSLP, PRESIDE Division of Corporation.	complete p s provided ddress, I h nt	performe for in (ereby co ox 6327	ince of my dinapter 605 infirm that • Tallahas	duties, and I am 5, F.S. Or, if this the limited liabi	Jamiliar v s documen lity compa	vith an it is bei iny has	d accepi ng filed been		