## Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Email Address:\_\_

## LLC REGISTERED AGENT CHANGE WRI WELLINGTON GREEN, LLC

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https://efite.sunbiz.org/scripts/efilcovr.exe

## 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 N	ame of the limited liability company: WRI WELLINGT	TON GREEN.	LLC	
2. (a)	2600 Citadel Plaza, Suite 125, Houston TX 77008	(b) <sup>26</sup>	(h) 2600 Citadel Plaza, Suite 125, Houston TX 77008	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	02/26/2015		5000001545	
3,	Date of filing/registration in Florida	4.	Document number	
5. (a)	CAPITOL CORPORATE SERVICES INC			
	Registered Agent and Registered Office shown on the records of	the Florida Dep	of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	Maria San	
	515 EAST PARK AVENUE 2ND FL			
	TALLAHASSEE , FL	32301	SEP 10	
(Ն)	C T Corporation System		FILE	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	FILED 2021 SEP IO AMII: 10 SLUCIDE AND STAIL ALLAHASSEE FLORIDE	
	NEW Registered Office Address			
	1200 South Pine Island Road			
	Plantation, F1,	33324		
he cha igent v vas/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the registere ability compa of the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
	arvey G. Weinreh	Harvey (	i. Weinreb	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
rovisi he ohi o mer	hy accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete lightions of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.  Alfred Younan	performance	e of my duties, and I am familiar with and accept	
Signary	Prof Registred Agent Assistant Secretary	,		