To:

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To:

Division of Corporations

Fax Number : (850)617-6383

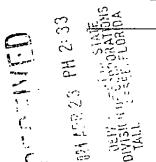
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

	Address:			
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LLC REGISTERED AGENT CHANGE WSSA MISSION, LLC

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Help

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 o	of the limited liability company: WSSA Mission, t	.LC				-11	
2. (a	503	South Saginaw Street Suite 600 Flint, MI 48502	(b) 503 South Saginaw Street Suite 600 Flint, MI 48502					
`		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	8/24	4/2016	_	M1600000	6806	· - · ·		
3.		Date of filing/registration in Florida	4.		Document number		-	
5. (:	, Joh	n Sabty						
	Regis	stered Agent and Registered Office shown on the records of th	:					
	•	stered Office Address (MUST BE FLORIDA STREET A.						
	727	North Shore Drive						
	Mia	ami Beach, FL_	33′	141				
(b)	Corporation System name of NEW Registered Agent and/or NEW Registered (Třiina na	ldra.		2024		
		mane of State Registred Agent unitrol State Registred S	711K C 20	norcess.	-	2024 AFR 23	- i .	<u>:</u>
	NEY	Y Registered Office Address;						
	120	0 South Pine Island Road				P		
								
	Plar	ntation FL	33324			9		
the clagent was/v	hange o will be were au	d liability company is not organized under the law or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liability inhorized by an affirmative vote of the members of organization or the operating agreement of the limited liability.	he reg bility c the lir	istered office ompany, it is nited liability	and the business offi hereby confirmed the company or as other	ce of that the	e regi lange(stered (s)
Sig	nature of	a member or authorized representative of a member			Printed or typed name of	signee		
provi the o to me notifi By:	sions o bligatio rely re ed in w C	cept the appointment as registered agent and agre of all statutes relative to the proper and complete possion of my position as registered agent as provided flect a change in the registered office address, I have riting of this change. T Corporation System Candice Pignataro, Assistant Secretar	perforn for in ereby c	et in this cape nance of my e Chapter 605 confirm that i	icity. I further agree luties, and I am famil F.S. Or, if this docu he limited liability co	to comp iar with ment is impany i	dy wit and a being has be	h the iccept filed ien