Mlacoonoan

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



200286292912

RECEIVED

16 SEP 28 AM 10: 53

I & ALKNARILE SILL SUFFICIENCY OF FILING

SEP 2 9 2016

S. YOUNG

16 SEP 28 AM 8: 01

:

SECRETARY UP SIGHT.
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 310367 4306747

AUTHORIZATION : Spelle Red

COST LIMIT : \$\sqrt{2}5...00

ORDER DATE : September 28, 2016

ORDER TIME : 9:26 AM

ORDER NO. : 310367-010

CUSTOMER NO: 4306747

CHANGE OF AGENT

NAME: WSA SYSTEMS-BOCA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS:

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. Na	me of the limited liability company: WSA System	is-Boc	a, LLC		
2. (a)	. , ,				
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability con (Note: MAY BE POST OFFICE B	npany:
	442 NW 35th St.		442 NW	35th St.	
	Boca Raton, FL 33431		Boca Ra	iton, FL 33431	
	September 1, 2016		M160000	07027	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Joseph Del Pizzo				
J. (a)	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of State	- e:	
	442 NW 35th St.				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)	=	- 2
					SI
	Boca Raton , F	L_3343	1	-	SEP 28
(b)	Corporation Service Company			_	
()	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:		တဲ့ ု
	1201 Hays Street				8: 00
	NEW Registered Office Address:			-	
	Tallahasasa	222	101	-	
	Tallahassee, F	L_323		_	
the cha agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the control of the co	of the re liability of the l e limite	gistered offic company, it imited liabili d liability co	e and the business office of the is hereby confirmed that the ch ty company or as otherwise pro npany.	e registered ange(s) ovided in
Cinn	Marie J. Jacony ature of a member/or authorized representative of a member	10	iane i. Zac	cny, Authorized Represent Printed or typed name of signee	auve
I here provis the ob to mer	thy accept the appointment as registered agent and as ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided to the proper and complete ligations of my position as registered agent as provided in writing of this change. Courtney Williams	le perjoi led for i I hereby	mance of my n Chapter 60 confirm that	nacity I further garee to comp	ly with the and accep being filed ias been
Signati	ure of Registered Agent				