

MF0000000959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

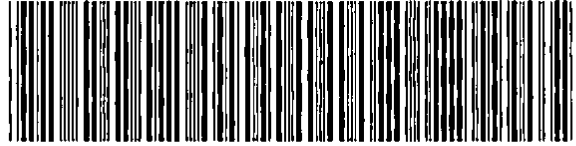
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TALLAHASSEE, FLORIDA

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**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 of the limited liability company: WMB RITZ LLC
2. (a) 577 W. Nationwide Blvd  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Columbus, OH 43215
- (b) 577 W. Nationwide Blvd  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Columbus, OH 43215
3. 02/02/2017  
Date of filing/registration in Florida
4. M17000000959  
Document number

5. (a) CT CORPORATION SYSTEM  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CT CORPORATION SYSTEM

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

- (b) Corporation Service Company  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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TALLAHASSEE, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/S/ BRIAN T MURPHY

Signature of a member or authorized representative of a member

BRIAN T MURPHY, AUTHORIZED PERSON

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Grace E. Kirby GRACE E. KIRBY, ASST. VICE PRESIDENT  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

CSC 772660