## MITOCOOD 765

| (Re                     | questor's Name)  |              |
|-------------------------|------------------|--------------|
| (Ad                     | dress)           |              |
| (Ad                     | dress)           |              |
| (Cit                    | y/State/Zip/Phon | ne #)        |
| PICK-UP                 | ☐ WAIT           | MAIL         |
| (Bu                     | siness Entity Na | me)          |
| (Do                     | cument Number    | )            |
| Certified Copies        | _ Certificate    | es of Status |
| Special Instructions to | Filing Officer:  |              |
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2018 AUG 24 PM 2: 05 SECRETARY OF STATE

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## **COVER LETTER**

| TO:           | Registration Section Division of Corporations  |                 |  |
|---------------|--|-----------------|--|
| SUBJI         | WONDER WOMAN VENTU   | RES, LLC        |  |
| 001           |  | e of Limited I  | iability Company   |
| Dear S        | ir or Madam:   |                 |  |
| The en        | closed Registered Agent/Registered Offi  | ce Change and   | I fee(s) are submitted for filing.   |
| Please        | return all correspondence concerning thi   | s matter to the | following:   |
| Cora          | l Court  |                 |  |
|               | Name of Person   |                 |  |
|               |  |                 |  |
| <del></del> - | Firm/Company   |                 | <del></del>  |
| 250 F         | Palm Coast Pkwy NE, Ste. 607-338   | 8               |  |
| _             | Address  |                 | <del></del>  |
| Palm          | Coast, FL 32137  |                 |  |
|               | City/State and Zip Code  |                 | <del></del>  |
| prosp         | perityalliance911@gmail.com  |                 |  |
| I             | E-mail address: (to be used for future ann   | ual report noti | tication)  |
| For fu        | rther information concerning this matter,  | please call:    |  |
| Cora          | l Court  | 386             | 888-5050   |
|               | Name of Person   |                 | Area Code & Daytime Telephone Number   |
|               | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | R<br>D<br>P     | IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314 |
|               | Enclosed is a check for the following  | amount:         |  |
|               | <b>☑</b> \$25 Filing Fee   |                 | 855 Filing Fee & Certified Copy  |
| INHSI         | 8 (2/14)   |                 |  |

## 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.

|   | Principal office add and City  | (b)  |                          |                                      |   |                              |
|---|--|--|--------------------------|--------------------------------------|---|------------------------------|
|   | (Note: MUST BE STREET ADDRESS)   |  | N                        | lailing address                      | of limited liability or<br>BE POST OFFICE                       | mpany:                       |
|   | 250 PALM COAST PKWY NE STE 607-33  | 8  | 250 PAI                  |                                      | PKWY NE STE   |                              |
|   | PALM COAST, FL 32137   | - <u>.</u>   |                          |                                      | COAST, FL   |                              |
|   | 08/05/2017   |  |                          |                                      |   | <u> </u>                     |
|   | Date of filing/registration in Florida   | 4.   |                          | M17000007615                         |   |                              |
| . (a)   |  | 4. Document number   |                          |                                      |   |                              |
| ` ,   | Registered Agent and Registered Office shown on the records of the   | : Florida De   | nt of State              |                                      |   |                              |
|   | REGISTERED AGENTS INC.   | - 1011da DC  | pr. or state.            |                                      | <i>⋄</i> ≈  |                              |
|   | Registered Office Address (MUST BE FLORIDA STREET AD   | DRESS)   |                          |                                      | 10 E  | exter3                       |
|   | 3030 N ROCKY POINT DR STE 15   |  |                          |                                      | 2018 AUG 2<br>SEONETA<br>TALLA                                  | -                            |
|   |  | 336  | 507                      |                                      | G24 PM  |                              |
|   |  |  |                          |                                      | SO THE SECOND   | Sanag.                       |
| (b) _   | Enter name of NEW D  |  |                          |                                      | 2: 05<br>STATE<br>E. FL   | 1                            |
|   | Enter name of NEW Registered Agent and/or NEW Registered Off   | lice address   | :                        |                                      | ं ही ऊ  |                              |
|   | STEPHEN P. SAPIENZA, ATTORNE   | V Am r   | A 1.7                    |                                      |   |                              |
|   | NEW Registered Office Address:   | - A1 L   | <del></del>              |                                      |   |                              |
|   | 300 NORTH STATE STREET   |  |                          |                                      |   |                              |
|   |  |  |                          |                                      |   |                              |
|   | BUNNELL.   |  |                          |                                      |   |                              |
|   | BUNNELL, FL  | 32110  |                          |                                      |   |                              |
| he lim<br>chan<br>nt wil<br>s/were<br>articl          | , FL sited liability company is not organized under the laws of or changes are made, the Florida street address of the libe identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the se of organization or the operating agreement of the limited lim | of the State<br>registered<br>ity compare<br>limited liabili | ny, it is he iability co | reby confirm<br>mpany or as          | ss office of the re<br>ned that the chan<br>s otherwise provide | cristered                    |
| he lim<br>chang<br>nt wil<br>s/were<br>articl         | , FL sited liability company is not organized under the laws of or changes are made, the Florida street address of the libe identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the se of organization or the operating agreement of the limited lim | of the State<br>registered<br>ity compare<br>limited liabili | ny, it is he iability co | reby confirm<br>mpany or as          | ss office of the re<br>ned that the chan<br>s otherwise provide | oistered                     |
| he lim<br>chan<br>nt wi<br>s/were<br>articl<br>gnatun | , FL , sited liability company is not organized under the laws of the or changes are made, the Florida street address of the libe identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the   | of the State<br>registered<br>ity compare<br>limited liabili | ny, it is he iability co | ereby confirm<br>ompany or as<br>ny. | ss office of the rened that the change otherwise provide        | egistered<br>ge(s)<br>ded in |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00