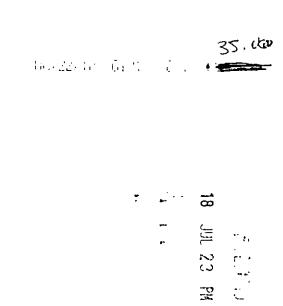
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| (Re | equestor's Name) | |
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| . (Δε | ldress) | |
| () (C | 14,033) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | > #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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S. PRATHE !

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: WBL ARH Name of Corporation |
| DOCUMENT NUMBER: <u>M17000016298</u> |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Anoxea Fulez Name of Contact Person |
| WBL ARH Firm/Company |
| 2385 Tower Drive |
| 1) Apriles FL 34/04 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Andrew Fulce at (239 187 5830) Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State. |
| Mailing Address: Amendment Section Street Address: Amendment Section |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



June 25, 2018

ANDREA FULLER 2385 TOWER DR NAPLES, FL 34104

SUBJECT: WE; /ARH, LLC Ref. Number: M17000010298

We have received your document for WBL/ARH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 918A00013145

COVER LETTER

| ro: | Registration Section Division of Corporations | |
|----------------------------|---|---|
| SUBJ | | PRUARH LLC. |
| Dear S | Sir or Madam: | |
| The er | nclosed Registered Agent/Registered (| Office Change and fee(s) are submitted for filing. |
| Please | return all correspondence concerning | this matter to the following: |
| | Andrea Fuller Name of Person | |
| | WBL / AEH LI Firm/Company | LC |
| - 7 - 7 - 2 164 | 2385 Towers | DR. |
| | Maples 51 City/State and Zip Code | <u>34104</u> |
| nde | a. Fuller a westburg. E-mail address: (to be used for future a | y Tropensies. Com unital report notification) |
| For fu | rther information concerning this matt | ter, please call: |
| And | Name of Person | at (<u>239</u>) <u>687 - 5836</u> Area Code & Daytime Telephone Number |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| | Enclosed is a check for the following | ng amount: |
| | □ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |

INHS18 (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 address of limite (Note: MUST BE STREET 2385 Tower Paples FL. 12/6/17 Date of filing/registratio | DRIVE 34104 | | Mailing address of li (Note: MAY BE) | | |
|--|---|---|--|--|--|
| Paples, FL. | 34104 | | | | |
| , , | | | | | _ |
| 12/6/17 Date of filing/registratio | | ተ | | | |
| Date of filing/registratio | | | 11700001 | | |
| | n in Florida | 4. | Document num | ber | |
| WB hending | ,5x. | | | | |
| ed Agent and Registered Office | shown on the records of | the Florida Dept of S | itate: | | |
| red Office Address (MUST B | BE FLORIDA STREET. | ADDRESS) | <u> </u> | * | ಪ |
| 4292 Comme | te St. Ste. | . C. | | | <u></u> |
| Do des | <u> </u> | 34154 | | - | JUL 23 |
| | , гг | | | | |
| | | | | | - 2 |
| ime of NEW Registered Agent | and/or NEW Registered | l Office address: | | • | L . |
| 2385 T | a Dairo | | | | <u>3</u> |
| tegistered Office Address: | 2 Dave | | | | |
| na-60 [] | 34144 | | | | |
| 1190100 | - 91101 | | | | |
| | . FL | _ | | | |
| | | | | | |
| | me of NEW Registered Agent 2385 Tower Agistered Office Address: | me of NEW Registered Agent and/or NEW Registered 2385 Tower Drive Registered Office Address: 134154 | red Office Address (MUST BE FLORIDA STREET ADDRESS) 4292 Composeable Sq. Ste. C. 1) aples , FL 34104 me of NEW Registered Agent and/or NEW Registered Office address: 2385 Tower Drive | 1) Apres Sq. Ste. C. 1) Apres , FL 34/04 me of NEW Registered Agent and/or NEW Registered Office address: 2385 Towns Drive registered Office Address: Napres , FL 34/04 | me of NEW Registered Agent and/or NEW Registered Office address: 2385 Towns Drive Registered Office Address: Maples , Pl 34154 |

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

noffled in writing of this change.

Signature of Registered Agent