

M18000000836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

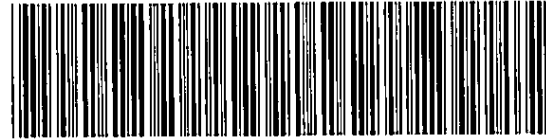
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800331415008

RECEIVED
19 JUL -2 PM 10:55

APPROVAL
AND
FILED
2019 JUL -2 AM 10:07

T GLASS

JUL 03 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 829045 8278206

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : July 2, 2019

ORDER TIME : 9:41 AM

ORDER NO. : 829045-010

CUSTOMER NO: 8278206

CHANGE OF AGENT

NAME: WL BLACKWATER 1 LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS: _____

2019 JUL -2 AM 10:07

AND
FILED

APPROVED

COVER LETTER

TO: Registration Section
Division of Corporations

WI. BLACKWATER I LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Rubenstein

Name of Person

Magic Real Estate Partners LLC

Firm/Company

105 W Madison Suite 603

Address

Chicago, IL 60602

City/State and Zip Code

amy@windycityre.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Rubenstein

Name of Person

at (312)

867-8744

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

APPROVED
AND
FILED

2019 JUL -2 AM 10:07

**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: WL BLACKWATER I LLC

2. (a) Magic Real Estate Partners (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

105 W Madison Suite 603

Chicago, IL 60602

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

1/22/18

M18000000836

3. Date of filing/registration in Florida

4.

Document number

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

Magic Real Estate Partners LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2400 N 15th Ave

Pensacola, FL 32503

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32302

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.

Signature of a member or authorized representative of a member

Amy Rubenstein

Printed or typed name of signee

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 to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Roxanne Turner
Asst. Vice President

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