Florida Department of State
Division of Cotpositions
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6363

From:

Account Name : FILE RIGHT LLC
Account Number : I20170000001
Phone : (718)878-5811
Fax Number : (718)732-4580

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. \*\*
Email Address:

## LLC REGISTERED AGENT CHANGE WL BLACKWATER 1 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

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K. SALY

MAY 17 2024

## COVER LETTER

H240001767513

TO: Registration Section Division of Corporations	
SUBJECT: WL BLACKWATER 1 LLC Name of Limi	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
Mark Fuchs	
Name of Person	<del></del>
File Right RA Services, LLC	
Firm/Company	
1425 37th Street, Suite 201	
Address	<del></del>
Brooklyn, NY 11218	
City/State and Zip Code	
agent@fileacorp.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	dl:
Sara Ringel 71	8 878-5811
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

## 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 limited liability company:	(b)	Mailing address of limited liability company:
Date of filing/registration in Florida 4. Document number  5. (a) Business Filing Incorporated  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  1200 South Pine Island Rd, Plantation, FL 33326  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  (b) File Right RA Services, LLC  Enter name of NEW Registered Agent and/or NEW Registered Office Address:  625 E Twiggs Street, Ste. 110  NEW Registered Office Address:  Tampa, FL 33602  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that a change or changes are made, the Florida street address of the registered office and the business office of the registered under the limited liability company, it is hereby confirmed that the change was fiver a understand the company or as otherwise provide the articles of organization or the operating agreement of the limited liability company or as otherwise provide the articles of organization or the operating agreement of the limited liability company.  /// Mark Fuchs. Authorized Person		· · · · · · · · · · · · · · · · · · ·		(Note: MAY BE POST OFFICE BOX)
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Signature of a member or authorized representative of a member Printed or typed name of signee	/s/ N	Mark Fuchs	Mark Fuch	s, Authorized Person
	Signati	ure of a member or authorized representative of a member		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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and he obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is bein to omerely reflect a change in the registered office address, I hereby confirm that the limited liability company has notified in writing of this change.	rovisio he obli o mere	ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address, I h	e to act in this performance of for in Chapte ereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accep r 605, F.S. Or, if this document is being filed that the limited liability company has been
/s/ Mark Fuchs		in writing of this change.	•	