M1800002514

(R	equestor's Name)			
(A	ddress)			
·	ddress)			
· (C	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer				
	J. HORNE FEB Z U 2024			

Office Use Only



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02/20/24--01001--006 **25.00

24 FEB 19 AM 9: 33

2024 FEB 19 PH 2: 2

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

				
WWG GAINESVILL	E ARCHER,	LLC		
	 			
		<u>-</u>		
 				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Сеп. Сору
			<u>✓</u>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
			· · · · · · · · · · · · · · · · · · ·	Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
	<u> </u>		<u> </u>	Driving Record
Requested by:BA	02/19/23			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO:	Registration Section Division of Corporations							
WWG GAINESVILLE ARCHER, LLC SUBJECT:								
0000	N	Name of Limited Liability Company						
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered C	Office Change ar	nd fee(s) are submitted for filing.					
Please	return all correspondence concerning	this matter to th	ne following:					
CHRIS	TY MENDOZA							
	Name of Person							
FILEJE	ET INC.							
	Firm/Company							
10440	PIONEER BLVD STE 8							
	Address		**************************************					
SANT.	A FE SPRINGS, CA 90670							
	City/State and Zip Code							
REGIS	TEREDAGENT@FILEJET.COM							
F	E-mail address: (to be used for future a	innual report no	tification)					
For fu	rther information concerning this matt	er, please call:						
CHRIS	TY MENDOZA	949 at (259-5955					
	Name of Person	(Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the followi	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.

1. N	lame of the limited liability company: WWG GAINESV	ILLE ARCHER,	LLC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	100 WILSHIRE BLVD STE, 400	100 W	/ILSHIRE BLVD STE. 400
	SANTA MONICA, CA 90401	SANT	'A MONICA, CA 90401
	03/14/2018	М18000	0002514
3.	Date of filing/registration in Florida	4.	Document number
5. (a)		
J. (a	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	f State:
	NRAI SERVICES, INC.		
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS)	
	1200 SOUTH PINE ISLAND ROAD	-	
	PLANTATION, . FL	33324	
		·	24
(b)	Enter name of NEW Registered Agent and/or NEW Registered		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	28 B 3
	FILEJET INC.		24 FEB 19 AM
	NEW Registered Office Address:		<i>₹32-</i> %
	625 E. TWIGGS ST. STE. 110		
	TAMPA, FL	33602	
chang agent was v the ar Sign	limited liability company is not organized under the law se or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attraction of a member of a member of a member and agreement as registered agent and agreeing of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change of the registered office address. It	registered offic ability company of the limited lia limited liability CLARK W. Tee to act in this performance of	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company. PORTER Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept

Signature of Registered Agent