M18000010863

(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



600332704596

08/14/19--01019--017 **25.00



Y SULKER AUG 1 9 2019

	COVER LETTER						
	Registration Section Division of Corporations						
SUBJEC	WONDERLAND PROPERTY GROUP, LLC						
	Name of Limited Liability Company						
Dear Sir	or Madam:						
The enclo	osed Registered Agent/Registered Offic	ce Change	and fe	e(s) are submitted for filing.			
Please re	turn all correspondence concerning this	s matter to	the fol	Howing:			
DONNA	HORSFORD						
	Name of Person		· · · · · · · · · · · · · · · · · · ·				
WOND	ERLAND PROPERTY GROUP, I	LC					
	Firm/Company			•			
2218 Ar	terra Ct						
	Address			•			
Royal P	alm Beach, Fl 33411						
City/State and Zip Code							
djh303@	@aol.com						
E-mail address: (to be used for future annual report notification)							
For furthe	er information concerning this matter, p	olease call:	;				
Donna F	Horsford	732		213-1054			
	Name of Person	- \		Area Code & Daytime Telephone Number			
	TREET/COURIER ADDRESS:	LING ADDRESS:					
				tration Section ion of Corporations			
				Box 6327			
2	661 Executive Center Circle allahassee, Florida 32301	hassee, Florida 32314					

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

☑ \$25 Filing Fee

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	ame of the limited liability company: WONDER	LAND PROPERTY (GROUP, LLC
2. (a)		1177	(210772
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Blyd. Ste 302	Royal Pa	alm Beach, Fl 33421
	Suncise /FL 33	351 M180000	10863
3.	Date of filing/registration in Florida	` 4.	Document number
5. (a)		7	
	Registered Agent and Registered Office shown on the record Donna Horsford	is of the Florida Dept, of State	:
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
	2218 Arterra Ct		
	Royal Palm Beach	FL_33411	
(b)	Donna Horsford		130
	Enter name of NEW Registered Agent and/or NEW Register	के हैं	
	NEW Registered Office Address:		⇒ D.
	10001 W. Oakland Park Blvd. STE 302	··	္ ထဲ 🚈
	Sunrise	FL ³³³⁵¹	3 7
the cha agent v was/wo	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the incombe icles of organization or the operating agreement of	s of the registered office d liability company, it is rs of the limited liability	and the business office of the registered hereby confirmed that the change(s)
D	brokerott own	Donna Horsfo	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee

Signature of Registered Agent

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 agentics 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.