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TALLAHASSE STATE

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## COVER LETTER

TO: Registration Section Division of Corporations	
WCA VENTURES, LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fec(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
John Offutt	
Name of Person	<del></del>
WCA Ventures, LLC	
Firm/Company	
2001 W Sample Road, Suite 420	
Address	<del></del>
Pompano Beach, FL 33064	
City/State and Zip Code	
joffutt@debtsolutionone.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
John Offutt at (	239 250-0607
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 following amour	nt:
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy
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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.

	4. the Flori	1712 Pio Cheyenn M190000 da Dept. of St	Document nut	of limited liabilities POST OFFI	ty compan	y:
Date of filing/registration in Florida USINESS FILINGS INCORPORATED gistered Agent and Registered Office shown on the records of egistered Office Address (MUST BE FLORIDA STREET) 200 South Pine Island Road lantation , FI	the Flori	Cheyenn M190000 da Dept. of St	001144  Document nut	01	3020 Sec	
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					<b>2020 AUG</b> . Secreta	~
olin Offutt				AHASSEE	ည်း	IT
ter name of NEW Registered Agent and/or NEW Registered	Office	address:	<del></del>	E. FL	AM 9: 51	Ö
EW Registered Office Address:			<del></del>			
001 W Sample Road, Suite 420	<u>-</u> _	<del> </del>				
ompano Beach , F	33064		_			
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of a member or humorized representative of a member	-	<del></del> -	Printed or types	d name of signe	ee	
accept the appointment as registered agent and ag s of all statuics relative to the proper and complete ttions of my position as registered agent as provide reflect a change in the registered office address, I n writing of this change.	ree to a perfori d for ii hereby	nct in this ca mance of m i Chapter 6 confirm the	apacitv. I furthe ty duties, and I a W5, F.S. Or, if to at the limited lia	er agree to co am familiar w this documen ability compa	omply wi vith and i it is being iny has b	th the accep z filed een
it it is	W Registered Office Address:  01 W Sample Road, Suite 420  empano Beach  ed liability company is not organized under the law changes are made, the Florida street address of the be identical. Or, in the case of a Florida limited liauthorized by an affirmative vote of the members of of organization or the operating agreement of the case of a member or authorized representative of a member of all statutes relative to the proper and complete reflect a change in the registered agent as provide reflect a change in the registered office address.	W Registered Office Address:  01 W Sample Road, Suite 420  Impano Beach  ed liability company is not organized under the laws of the changes are made, the Florida street address of the registe be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the law of of organization or the operating agreement of the limited of a member or numerized representative of a member of all statutes relative to the proper and complete performance of all statutes relative to the proper and complete performance of any position as registered agent as provided for in reflect a change in the registered office address. I hereby	W Registered Office Address:  01 W Sample Road, Suite 420  empano Beach  ed liability company is not organized under the laws of the State of changes are made, the Florida street address of the registered office be identical. Or, in the case of a Florida limited liability company, i authorized by an affirmative vote of the members of the limited liability of a member or authorized representative of a member  for a member or authorized representative of a member of all statutes relative to the proper and complete performance of the registered agent as provided for in Chapter of reflect a change in the registered agent and agrees. I hereby confirm the	W Registered Office Address:  01 W Sample Road, Suite 420  ed liability company is not organized under the laws of the State of Florida, it is her changes are made, the Florida street address of the registered office and the business be identical. Or, in the case of a Florida limited liability company, it is hereby configuthorized by an affirmative vote of the members of the limited liability company or a of organization or the operating agreement of the limited liability company.  John Offutt  of a member or humorized representative of a member  Printed or type accept the appointment as registered agent and agree to act in this capacity. I further of all statutes relative to the proper and complete performance of my duties, and I desired a change in the registered agent as provided for in Chapter 605, F.S. Or, if reflect a change in the registered office address. I hereby confirm that the limited lied lied.	W Registered Office Address:  Of W Sample Road, Suite 420  Impano Beach  ed liability company is not organized under the laws of the State of Florida, it is hereby confirmed changes are made, the Florida street address of the registered office and the business office of the beidentical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the authorized by an affirmative vote of the members of the limited liability company or as otherwise of organization or the operating agreement of the limited liability company.  John Offutt  Printed or typed name of signed and the appointment as registered agent and agree to act in this capacity. I further agree to confirm the proper and complete performance of my duties, and I am familiar valued for in Chapter 605, F.S. Or, if this document reflect a change in the registered affects. I hereby confirm that the limited liability company.	W Registered Office Address:  01 W Sample Road, Suite 420  Impano Beach  The state of Florida, it is hereby confirmed that affectinges are made, the Florida street address of the registered office and the business office of the registere be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change authorized by an affirmative vote of the members of the limited liability company or as otherwise provides of organization or the operating agreement of the limited liability company.  John Offict  Of a member or humanical representative of a member  Printed or typed name of signee and statutes relative to the proper and complete performance of my duties, and I am familiar with and confirm of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being reflect a chapter in the registered office address. I hereby confirm that the limited liability company has hereby confirmed that the company has hereby confirmed that the confirme

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