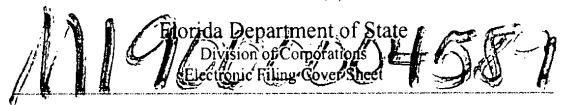
12/31/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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Email	Address	C

LLC REGISTERED AGENT CHANGE WILDERMUTH SECURITIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE			
	Nar	ne of Limited Lia	bility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Of	fice Change and f	ee(s) are submitted for filing.
Please	return all correspondence concerning the	nis matter to the fo	ollowing:
N 4 ~	ract Mullin		
IVIC	rgot Mullin Name of Person		_
	Name of Person		
Regis	stered Agent Solutions, Inc.		
	Firm/Company		_
1701	Directors Blvd, Suite 300		
	Address		_
Austii	n, TX 78744		
	City/State and Zip Code		~
E	-mail address: (to be used for future an	nual report notific	ation)
For fur	ther information concerning this matter	r, please call:	
Ма	rgot Mullin	888 at (705-7274
	Name of Person	\	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	□ \$25 Filing Fee	Q \$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

.

l. Na	ame of the limited liability company: Wildermu	th	Securiti	ies LLC
2. (a)			b)	
\ - ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11525 PARK WOODS CIRCLE		11525	PARK WOODS CIRCLE
	ALPHARETTA, GA 30005	<u>.</u>		IARETTA, GA 30005
	5/3/2019		M1900	00004589
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	NRAI SERVICES, INC			
	1200 SOUTH PINE ISLAND Registered Office Address (MUST BE FLORIDA STREET AD	DRES	Ω	2019 JAN -2 PH 6: 01 SECRETARY OF STATE TALLAHASSEE, FL
	PLANTATION FL	333	24	ASS TI
(b)	Registered Agent Solutions, Enter name of NEW Registered Agent and/or NEW Registered O		···········	H 6: 01 F STATE SEE, FL
	155 Office Plaza Dr.			• •
	NEW Registered Office Address: Suite A			
	Tallahassee	323	01	

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.

/s/ Carol J. Wildermu	Ιŧ	7	,
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Carol J. Wildermuth CFO

Signature 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 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.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent