Division of Corporations



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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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
THOTE	MUUI COO.		

LLC REGISTERED AGENT CHANGE WILDERMUTH ADVISORY LLC

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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC		lvisory	
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered Offic	ce Change and f	ec(s) are submitted for filing.
Please re	eturn all correspondence concerning this	s matter to the fo	ollowing:
Mai	rgot Mullin Name of Person		_
Registr	ered Agent Solutions, Inc.		
	Firm/Company		_
1701 🛭	Directors Blvd, Suite 300		
	Address		_
Austin,	, TX 78744		
	City/State and Zip Code	CANAL SPECIAL	_
	mail address: (to be used for future annumer information concerning this matter,	-	ration)
Ma	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 ision of Corporations Box 6327 ahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	□ \$25 Filing Fec	\$5 5	5 Filing Fee & Certified Copy

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

1. Na	me of the limited liability company:	Wildermu	ıth /	Adviso	ry LLC			
2. (a)				p)				
()	Principal office address of limited lial (Note: MUST BE STREET A		- ,	N	failing address of lailing addre		,	-
	11525 PARK WOOD			11525	PARK W			
	ALPHARETTA, GA	30005	-	ALPH	IARETT	A, GA	30	005
	5/17/2019			M190	0000490)4		
3.	Date of filing/registration in		4.		Document nun	ber		
5. (a)	NRAI SERVICES,							
, ,	Registered Agent and Registered Office show				:			
	1200 SOUTH PINE	ISLAND	RC	DAD				
	Registered Office Address (MUST BE F)	ORIDA STREET A	DDRES	<u>S)</u>		S	26	
	PLANTATION	, FL <u></u>	333	24		ECRETARY OF ST TALLAHASSEE, I	2019 JAN -2	1
(b)	Registered Agent S	solutions,	Inc.			ARY HAS	2	
	Enter name of NEW Registered Agent and/	or NEW Registered (Office a	idress:		OF S	孟	Ö
	155 Office Plaza D	r.			_	, FL STATI	AM 10: 48	
	NEW Registered Office Address: Suite A				-	[7]		
	Tallahassee	, FL	323	01	_			
the cha	imited liability company is not organi inge or changes are made, the Florida will be identical. Or, in the case of a lease of a leas	street address of t Florida limited lia	the reg bility c	istered office company, it is	e and the busine s hereby confir	ess office of the comment of the com	of the re ne chan;	egistere gc(s)

đ the articles of organization or the operating agreement of the limited liability company.

/s/	Carol	J.	Wild	ermuth'

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 my lifted in writing of the change. notified in writing of this change.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent