M19000011988

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBIR	WOLK PROPERTY GROUP LLC					
SOBJE	SUBJECT: Name of Limited Liability Company					
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Offic	ce Change and fe	ee(s) are submitted for filing.			
Please t	return all correspondence concerning this	matter to the fo	llowing:			
STEPHI	EN J. PUTNOKI-HIGGINS					
	Name of Person		-			
BAILEY	Y & GLASSER, LLP					
	Firm/Company		_			
360 CE	NTRAL AVE, SUITE 1500					
	Address		-			
ST. PET	ERSBURG, FLORIDA 33701					
	City/State and Zip Code		•			
weswolk	x@gmail.com					
E-	mail address: (to be used for future annu	al report notifica	ition)			
For furt	her information concerning this matter, p	lease call:				
STEPHE	EN J. PUTNOKI-HIGGINS	727	471-5057			
-	Name of Person	_ at (Area Code & Daytime Telephone Number			
	Mailing Address:		Street Address:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	P.O. Box 6327		The Centre of Tallahassee			
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following a	mount:	,			
	■ \$25 Filing Fee	□ \$55	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 Florida.

1. N	Name of the limited liability company: WOLK PROPE	RTY GR	OUP	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)
	505 E JACKSON STREET, STE 308		50	05 E JACKSON STREET, STE 308
	TAMPA, FL 33602		Τ.	'AMPA, FL 33602
	11/21/2019		Ml	19000011988
3.	Date of filing/registration in Florida	4.		Document number
5. (a)			
J. (a	Registered Agent and Registered Office shown on the records o STEPHEN PUTNOKI-HIGGINS	f the Flor	ida De	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>:SS)</u>	
	4301 W BOY SCOUT BLVD, STE 300			
	TAMPA	L		
	, F	L	-	
Z1- X				
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	addre:	
				20: 20: 21: 22: 23: 24: 25: 24: 25: 26: 26: 26: 26: 26: 26: 26: 26: 26: 26
	STEPHEN PUTNOKI-HIGGINS			
	NEW Registered Office Address:			<u> </u>
	360 CENTRAL AVE., SUITE 1500			· · · · · · · · · · · · · · · · · · ·
	ST. PETERSBURG	33701		F., 5: F3
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members licles of organization or the operating agreement of the	e registe iability of the li limited	ered o comp mited Hiabi	ate of Florida, it is hereby confirmed that after the office and the business office of the registered pany, it is hereby confirmed that the change(s) d hability company or as otherwise provided in
Sion	ature of a member or authorized representative of a member		COLE	Printed or typed name of signee
l here provis the ob to mer notifie	by accept the appointment as registered agent and ageofic of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do writing of this change.	ree to a perfori d for in hereby	ct in t mance Chaj confi	this capacity. I further agree to comply with the
Signati	ile of Registered Agent			