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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107 : (561)214-8442 Fax Number

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## LLC REGISTERED AGENT CHANGE WFMHC ECOPLEX OFFICE OWNER LLC

Certificate of Status	0
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Page Count	02
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APR - 8 2022

T. LEMILEH

## 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.	Na	me of the limited liability company: WFMHC ECC	PLEX C	OFFICE OWNER LLC	_
2.	(a) .	1601 FORUM PL., STE. 700 Principal office address of limited liability company:	_ (b)_	1601 FORUM PL., STE. 700  Mailing address of limited liability company:	_
		( <u>Note: MUST BE STREET ADDRESS</u> )		(Note: MAY BE POST OFFICE BOX)	
		WEST PALM BEACH, FL 33401		WEST PALM BEACH, FL 33401	_
		02/18/2022		M22000002642	<b>-</b>
3.		Date of filing/registration in Florida	4.	Document number	_
ς.	(2)	COGENCY GLOBAL INC.			
J.	(4)	Registered Agent and Registered Office shown on the records of the	ne Florida D	Dept. of State:	
		115 N. CALHOUN ST., #4			
		Registered Office Address	DDRESS)	2	
			32301	1	
	(b)	Corporate Creations Network Inc.  Enter name of NEW Registered Agent and/or NEW Registered O	Office addr	dress & S	
		Enter name of NEW Reducted Agent and of NEW Resisters	OHAY AUG	22 1	
		801 US Highway 1		2022 HAR	
2. (a) _ 3. 5. (a)  (b) _ (b) _ (b) _ Signat	NEW Registered Office Address		-7 PK		
		North Palm Beach ,FL	33408		
ch ag	ange ent v	imited liability company is not organized under the law for changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of the operating agreement of the l	registered bility com f the limit	inpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in	ic
		aitlin Lazarus		itlin Lazarus, Attorney-in-Fact	_
_	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	_
l pr th to	here ovisi e obi mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete t ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h	ee to act i verformar I for in Ch ereby con	in this capacity. I further agree to comply with th ance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file onfirm that the limited liability company has been	2 Ot d

Signature of Registered Agent

Division of Corporations P.O. Box 6327 Tall

Caitlin Lazarus, Special Secretary

notified in writing of this change.

/s/ Caitlin Lazarus