M22000009142

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Account#: I20000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date:	01/31/2025		
	Ovidshel Occean Jr	<u>. </u>	
Reference #	2630464		
	ə:	WHC LLC	
ш	les of Incorporation/Authoriz	zation to Transact Business	
	ndment nge of Agent		÷.
☐ Reins	statement		44 44 45 45 45 45
☐ Conv	version		SSCE SSCE
☐ Merg	er		F STA FLOR
Disso	olution/Withdrawal		SOF NE
☐ Fictit	ious Name		
☐ Othe	r		
Authorized			
Signature: _	T. Burn Ju.		

F: 800.944.6607

F: +852.2682.9790

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	ame of the limited liability company: WHC FL	ORIDA L	LC
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)
	No Change	No_	Change
	October 14, 2019		M22000009142
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Corporate Creations Network Inc.		
υ. (α,	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	of State:
	801 US HWY 1		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
			2025
	NORTH PALM BEACH , F	L_33408	2025 JAN 31
(b)	COGENCY GLOBAL INC.		(1) C2
(-,	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	AM II: I
	115 North Calhoun St., Suite 4		AM II: IL
	NEW Registered Office Address:		
	Tallahassee	L 32301	
the ch agent was/w the an	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited letere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of the State of the registered iability compar of the limited I	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
/s/ Madelyn Macarthur		Madelyr	n Macarthur
I here provis the ob to men notifie	ature of a member or authorized representative of a member by accept the appointment as registered agent and age cions of all statutes relative to the proper and complete ligations of my position as registered agent as provid- rely reflect a change in the registered office address, led in writing of this change.	gree to act in the e performance of ed for in Chapt Thereby confirn	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been
	im Mayville		
Signat	ure of Registered Agent Tim Mayville, Assistant Se	cretary	

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

INHS18 (2/14)