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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	/s
Special Instructions to Filing Officer:	

Office Use Only



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ALLAHASSEE, FIDERIO

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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

1

Date: September 25, 2017

Order#: 831163-096

Re: WALLACE DODGE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Florida	a.	1	-		
1. Na	ame of the limited liability compa	ny: WALLACE D	ODGE, LLO	<u> </u>	
2. (a)			(t	o)	
	Principal office address of limite (Note: MUST BE STRE.	1 '		M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	200 SW 1ST AVE. 14TH FL	OOR		200 SW 1	ST AVE. 14TH FLOOR
	DELRAY BEACH	FL 33444		FT. LAUD	ERDALE, FL 33301
	09/14/1999			М990000	01433
3.	Date of filing/registration	on in Florida	4.		Document number
5. (a)	BETHEL, ALISON E Registered Agent and Registered Office	shown on the records	of the Florida	a Dept. of State:	
	Registered Office Address (MUST)	BE FLORIDA STREI	ET ADDRESS	5)	
	200 SW 1ST AVENUE 14TH	FLOOR			A.S. J.
	FORT LAUDERDALE		FL <u>3330</u>	1	7 SEP CRE L LAHA
(b)	Corporation Service Company				SS S
	Enter name of NEW Registered Agent	andfor NEW Registe	red Office ad	<u>ldress</u> :	AH 7: 54 FOF STATE EE. FLORIDA
	1201 Hays Street				0RI 5
	NEW Registered Office Address:				
	Tallahassee		FL_32301	<u> </u>	
the cha agent v was/w	ange or changes are made, the Flowill be identical. Or, in the case of	rida street address of a Florida limited tote of the membe	s of the regi d liability co rs of the lin	stered office ompany, it is nited liability	rida, it is hereby confirmed that after and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
	/S/ C. COLEMAN EDMU	NDŞ	C. (COLEMAN E	DMUNDS, AUTHORIZED SIGNER
Signa	ture of a member or authorized represent	ative 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.

Khace Z-Kubh

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President