

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

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<u> </u>	Corporation(s) Name	2		,	
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()Limited Partnership	()Annual Report	()Other			
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W.P. Verifier:	 -	-		-	

Thank You!

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OK BOTH FOR LIMITED LIABILITY COMPANY

*254	BOIL CAL			
Pursuant to the provisio liability company submit agent, or both, in the Sta				the undersigned limited ered office or registered
1. The name of the limit	ed liability company is:	WEC 991	-12 LLC	
2. The mailing address of	of the limited liability co	mpany is: 1560	1 Dallas	Parkway, Suite 400
	Dallas, Texas	75001		
December 3,	1999	-	м9900000	1905
3. Date of filing/registra	tion in Florida	4. I	Document nu	mber
5. The name of the regis Florida Department of	tered agent and the regis			on the records of the
	Corporation	Service Comp	oany	
•	1201 Hays St	_		Fog 8
	1201 11475 5.	Address		四夏四
	Tallahassee		2301	# w F
		State and Zip		SSS
6. The name and addres	s of the new registered a	gent and/or office	•	TALLAHASSEE FLOR
	C T Corporation	on_System		7
	1200 South Pi	Name	ad	7
	Florida street addres			
	Plantation,	33324		
•	City,	State and Zip		•
confirmed that after the and the business office liability company, it is of the members of the or the operating agreen	ompany is not organized change or changes are to of the registered agent whereby confirmed that the limited liability companient of the limited liability chorized representative of a mention of the limited liability control of the limited liability control of a mention of the limited liability control of a mention of the limited liability chorized representative of a mention of the limited liability chorized representative of a mention of the limited liability chorized representative of a mention of the limited liability chorized representative of a mention of the limited liability chorized representative of a mention of the limited liability chorized representative of a mention of the limited liability chorized representative of a mention of the liability chorized representative of a mention	will be identical. Conce change(s) was/was or as otherwise party company.	or, in the case	Florida, it is hereby of the registered office of a Florida limited ed by an affirmative vote he articles of organization
		•		
(Printed or typed name of sign	nee)	•		
and I am familiar with	and accept the obligation	ns of my position	as registered	apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office my writing of this change.
(Signature of Registered Age	nt)			
m	of Compressions F	O Roy 6327, Ta	llahassee. Fl	L 32314 :

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32

FILING FEE: \$25.00