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COVER LETTER

TO:

Amendment Section Division of Corporations

W.O.K.E., Inc.

Name of Corporation

DOCUMENT NUMBER: N18000000450

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank N. Lago, Esq.

Name of Contact Person

Bay Area Corporate Counsel

Firm/Company

4830 W. Kennedy Blvd, Ste 600

Audiess

Tampa, FL 33609

City/State and Zip Code

Frank@bayareacorporatecounsel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank N. Lago, Esq.

.,855

521-2222

PAIR APR 16 PH 1: 18

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Americannt Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:**

Amendment Section
Division of Corporations
Clinton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	502, 607.1508, or 617.1508, Florida Statutes, the conized under the laws of the State of Florida	nis
in ord	ler to change its registered office or reg	istered agent, or both, in the State of Florida.	
1. The name of	the corporation: W.O.K.E., Inc.		
2. The principa	office address: 14306 WEDGE	MOOD CRT. APT 202, TAMPA, F	L 33613
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 01/18/18	Document number: N180000004	50
	nd street address of the current registere artment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)	
	WALK LAW FIRM PA		
	100 S. Ashley Dt, Ste 620	, Tampa, FL 33602	~3 <i>4</i> t.
6. The name ar (if changed)		gent (if changed) and /or registered office	
	Bay Area Corporate Coun	sel	PH 4
	4830 W. Kennedy Blvd, S	te 600, Tampa, FL 33609	
The street addras changed wil	ress of its registered office and the stre	et address of the business office of its registere	d agent,
		ted by its board of directors or by an officer so notified in writing of the change.	
Amanda Amanda Cruz-Mi	1 CWW MATERIA ujca (Apr. 5, 2018) ture of an officer or director	Arnanda Cruz-Mujica, Director	
I hereby accer	nt the annoistment as recistered agent	,	ered . I
Fr	anse N. Lazo	04/03/13	
	- •	Date	
_	ehalf of an entity:		
Frank N. I.	.ago, Esq. Typed or Princes Norm		
	* * * FILING I	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)