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TO:	Amendment Section Division of Corporations		
SUBJI	ECT: WDB GROUP, P.A. (Name of Cor	poration)	
DOCI	JMENT NUMBER: P07000071032		
	nclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing	
	return all correspondence concerning this matter to		
· · · · · · ·	Total and concession of the state of the sta		
	Wilfredo D Blanco		
(Name of Contact Person)			
WDB GROUP, P.A. (Firm/Company)			
	`		
4000 Ponce de Leon Blvd. Suite 470			
	(Addre	ss)	
Coral Gables, FL 33134 33/46 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Wilfred	do Blanco (Name of Contact Person)	at (305) 777-0227 (Area Code & Daytime Telephone Number)	
Enclos	sed is a \$35.00 check made payable to the Departm	ent of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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