## P08000039781

| (Re                                     | questor's Name)   |           |  |  |
|---|-------------------|-----------|--|--|
| (Ad                                     | dress)            |           |  |  |
| (Ad                                     | dress)            |           |  |  |
| (City/State/Zip/Phone #)                |                   |           |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL      |  |  |
| (Bu                                     | siness Entity Nan | ne)       |  |  |
| (Document Number)                       |                   |           |  |  |
| Certified Copies                        | _ Certificates    | of Status |  |  |
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DEPARTMENT OF STATE OF STATE

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| MIG/FIM TOURSTON        | uts, Inc                                     |
|-------------------------|--|
| 100 1000000             |  |
|                         |  |
|                         |  |
|                         | _  |
|                         |  |
| •                       | Art of Inc. File                             |
|                         | LTD Partnership File                         |
|                         | Foreign Corp. File                           |
|                         | L.C. File                                    |
|                         | Fictitious Name File                         |
| •                       | Trade/Service Mark                           |
| · ·                     | Merger File                                  |
|                         | Merger File Art. of Amend. File Change of RA |
|                         | RA Resignation                               |
|                         | Dissolution / Withdrawal                     |
|                         | Annual Report / Reinstatement                |
|                         | Cert. Copy                                   |
|                         | Photo Copy                                   |
|                         | Certificate of Good Standing                 |
|                         | Certificate of Status                        |
|                         | Certificate of Fictitious Name               |
|                         | Corp Record Search                           |
| ·                       | Officer Search                               |
|                         | Fictitious Search                            |
| Signature               | Fictitious Owner Search                      |
|                         | Vehicle Search                               |
| and all a single        | Driving Record                               |
| Requested by All Aurell | UCC 1 or 3 File                              |
| Name Date Time          | UCC 11 Search                                |

UCC 11 Retrieval



June 16, 2008

Capital Connection, Inc. 417 E. Virginia Street Suite 1
Tallahassee, FL 32301

SUBJECT: WG/ELM INVESTMENTS, INC.

Ref. Number: P08000039781

We have received your document for WG/ELM INVESTMENTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent change needs to be filed as a separate document with a separate fee. Please fill in the officers name and title on the second page of the amendment form.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Letter Number: 308A00036726

Annette Ramsey Regulatory Specialist II

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

|  | e provisions of sections 607.0502, (  |  |   |  |                 |                                  |                    |             |
|--|---|--|---|--|-----------------|----------------------------------|--------------------|-------------|
| the undersigned corporation organized under the laws of the State ofFlorida_ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation:WG/FLM_INVESTMENTS, INC.  2. The mailing address of the corporation:255 Alhambra_Circle, Suite 550, Coral |   |  |   |  |                 |                                  |                    |             |
|  |   |  |   |  | Gable           | es, Florida 33134                |                    |             |
|  |   |  |   |  | 3. Date of inco | rporation/qualification: 4/18/08 | Document number: P | 08000039790 |
| 4. The name an   | d address of the current registered ag  | gent and office:   |   |  |                 |                                  |                    |             |
|  | JORGE L. DE LA OSA  | •  | •   |  |                 |                                  |                    |             |
|  | 255 Alhambra Circle,  | Suite 550  | <del></del> 1   |  |                 |                                  |                    |             |
|  | ROBERTO L. PALENZUELA 945 Andres Avenue Coral Gables, Flroida   | at (if changed) and/or registered off<br>ot Acceptable)  | TARY OF STATE ASSEE, FLORID                                 |  |                 |                                  |                    |             |
|  | ress of its registered office and the s<br>ged, will be identical.  |  |   |  |                 |                                  |                    |             |
| (Signature   | ras authorized by resolution duly ad the board.  of an officer, chairman or vice chairman of the lace de la Os lace | 6/3  | 3/08<br>e)  |  |                 |                                  |                    |             |
| If signing on beha   | Signature of Registered Agent) alf of an entity:  | egistered agent and agree to act in a literal list in the proper and accept the obligation of my position of the proper and accept the obligation of the proper acceptance and accept the proper acceptance and accept the acceptance acceptance and accept the acceptance acceptance and acceptance ac | ove stated<br>n this capacity.<br>Id complete<br>osition as |  |                 |                                  |                    |             |
|  | OBERTO L- PALENZUE LA<br>(Typed or Printed Name)  | (Capacity)   |   |  |                 |                                  |                    |             |

\* \* \* FILING FEE: \$35.00 \* \* \*