P11000036906



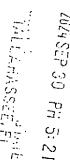
(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: W.1. 104 Corp. Name of Corporation		
DOCUMENT NUMBER: P11000036906		
The enclosed Statement of Change of Reg	istered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
Roberto Cordeiro		
Name of Contact Person		
Firm/Company		
3500 Island Blvd., PH1		
Address		
Aventura/FL 33160		
City/State and Zip Code		
robertoncordeiro@gma	ail.com	
E-mail address: (to be used for future a	innual report notification)	
For further information concerning this ma	atter, please call:	
Roberto Cordeiro	at (786) 833-0150 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable	to the Department of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508 nge is submitted for a corporation organized under i r to change its registered office or registered agent,	the laws of the State of Florida
-	he corporation: W.I. 104 Corporation	· · · · · · · · · · · · · · · · · · ·
2. The principal	office address: 3500 Island Blvd., PH1, Aventura, FL	33160
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 04/15/2011 Docu	ment number: P11000036906
	street address of the current registered agent and regiment of State: (If resigned, enter resigned)	gistered office on file with the
	RESIGNED	
		ed) and /or registered office.
6. The name and (if changed):	street address of the new registered agent (if change	
	ROBERTO CORDEIRO	PH SSE
	3500 ISLAND BLVD PHI	The Q.
	P.O. Box NOT acceptable AVENTURA, FL 33160	ble
The street addre	ss of its registered office and the street address of be identical.	the business office of its registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted by its boa e board, or the corporation has been notified in wr	rd of directors or by an officer so iting of the change.
100et's carder o Sep 25 2024 11 1	413'	Cordeiro, Director
I hereby accept I further agree t of my duties, an document is bei	e of an officer or director the appointment as registered agent and agree to a o comply with the provisions of all statutes relative d I am familiar with and accept the obligation of n ng filed merely to reflect a change in the registered been notified in writing of this change.	Printed or typed name and title act in this capacity, e to the proper and complete performance ny position as registered agent. Or, if this d office address. I hereby confirm that the
toberte cordeiro (Sep 23, 2024 22.)	September September	er 23, 2024
	nature of Registered Agent	Date
If signing on bel	half of an entity:	
Roberto Cordeiro		
Ту	ped or Printed Name * * * FILING FEE: \$35.00	***

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)