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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500 : (702) 966-2689 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Rmail Address:

Managedreports@incorp.com

REGISTERED AGENT CHANGE WHEREBY.US ENTERPRISES, INC.

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2661 Executive Center Circle

Tallahassee, FL 32301

## COVER LETTER

TO: Amendment Section Division of Corporations	*9.	₹ <b>€</b>
SUBJECT: WHEREBY.US ENTERPRISES Name of Corporation	S, INC.	-
DOCUMENT NUMBER: P1400005812	21	_
The enclosed Statement of Change of Registered Office/Agent and	d fee are submitted for	filing.
Please return all correspondence concerning this matter to the following	owing:	
JeanMarie Meyer Name of Contact Person	·	_
Name of Contact Person	1 .	
InCorp Services, Inc Firm/Company	<u>.                                    </u>	_
Firm/Company		
3773 Howard Hughes Pkwy. S Address	Suite 500S	_
Las Vegas, NV 89169-6	6014	_
City/State and Zip Code	<b>:</b>	
Managedreports@incorp.  E-mail address: (to be used for future annu-	.com	
E-mail address: (to be used for future annu-	al report notification)	<u>,                                     </u>
For further information concerning this matter, please call:		
JeanMarie Meyer at ( 7 Name of Contact Person Area	02 <u>) 866-2500</u> Code & Daytime Tele	
Name of Contact Person Area	Code & Daytime Tele	phone Number
Enclosed is a \$35.00 check made payable to the Department of Sta	ite.	
Mailing Address: S Amendment Section	treet Address:	
	Amendment Section Division of Corporation	ons
	Clifton Building	- <del></del>

CR2E045 (03/12)

Tallahassee, FL 32314

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

1. The name of the corporation. WHEREBY.US ENTERPRISES, INC.  2. The principal office address: 1951 Nw 7 Ave. Suite 300  Miami, FL 33136  3. The mailing address (if different):  4. Date of incorporation/qualification:  O7/08/2014  Document number:  P1400005812:  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  SOPHER, CHRISTOPHER K  1951 Nw 7 Ave. Suite 300  Miami, FL 33136  ONE OF O		e its registered office or regis			State of Flo	orida.	
Miami, FL 33136  3. The mailing address (if different):  4. Date of incorporation/qualification:  O7/08/2014  Document number:  P1400005812:  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  SOPHER, CHRISTOPHER K  1951 Nw 7 Ave. Suite 300  Miami, FL 33136  Miami, FL 33136  6. The name and street address of the new registered agent (if changed) and /or registered affects (if changed):  InCorp Services, Inc.  17888 67th Court North  P.O. Bux NOT ecospebile  Loxahatchee, FL 33470  The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.  Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.  Christopher K Sopher, President Finated or typed came and sulte I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dulies, and I am familiar with and accept the obligation of my position as registered agent of the street of the proper and complete performance of my dulies, and I am familiar with and accept the obligation of my position as registered agent of the obligation of my position as registered agent of the change.  March 7, 2019	1. The name of the corpora	tion: WHEREBY, US EN	TERPRISE	S, INC.			
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	If signing on behalf of an e	entity:					
nMarie Meyer on behalf of InCorp Services, Inc.	Typed or Printed						

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