P91000084457

()	Requestor's Name)	
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PICK-UP		MAIL
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date:01/0	9/2019	
	isa Kugelmann	
Reference #:	1034735	
Entity Name:	WRI II, INC.	
Articles of Ir	ncorporation/Authorization to Transact B	usiness
	t	2019 7411
🖌 Change of A	Agent	2019 JAN TO SECRETAR TALLAHASS
Reinstateme	ent	
Conversion		
Merger		0710; 0710;
Dissolution/	Withdrawal	
Fictitious Na	ame	
Other		
Authorized Amouni Signature: <u>ŤY\&</u>		

EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED PLENCLAND & AALES, REGISTERED PLENCLAND & AALES, REGISTER #ROICH2 6 LLOYDS AVE, UNIT 4CL LOYDON ECGN 3AX +44 (0)20.3961.3080

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

1. The name of the corporation: WRI II, INC.				
2. The principal office address:				
3. The mailing address (if different):				
4. Date of incorporation/qualification: 09/30/1997 Document number: P97000084457				
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)				
MAYOTTE, TERRY				
2054 VISTA PARKWAY STE 300				
2054 VISTA PARKWAY STE 300 WEST PALM BEACH, FL 33411				
(if changed):				
COGENCY GLOBAL INC.				
115 North Calhoun St., Suite 4				
Tallahassee, FL 32301				

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.

/s/ Terry Mayotte	Terry Mayotte	CFO and Secretary
Signature of an officer or director	Printed or typed nam	ie and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

/s/ Tim Mayville Signature of Registered Agent

<u>1/9/2019</u>

If signing on behalf of an entity:

Tim Mayville, Assistant Secretary

Typed 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 (03/12)