## P99000029421

| (Requestor's Name)                      |              |           |  |
|---|--------------|-----------|--|
| (Address)                               |              |           |  |
| (Address)                               |              |           |  |
| (City/State/Zip/Phone #)                |              |           |  |
| PICK-UP                                 | ☐ WAIT       | MAIL      |  |
| (Business Entity Name)                  |              |           |  |
| (Document Number)                       |              |           |  |
| Certified Copies                        | Certificates | of Status |  |
| Special Instructions to Filing Officer: |              |           |  |
|   |              |           |  |
|   |              |           |  |
|   |              |           |  |
|   |              |           |  |

Office Use Only



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09/29/03--01087--018 \*\*35.00

FILEU 03 SEP 29 PM 2: 55 TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

| Division of Corporations   |  |  |  |
|--|--|--|--|
|  |  |  |  |
| SUBJECT: WENRAP, INC (Name of corporation)   |  |  |  |
| <u> </u>   |  |  |  |
| DOCUMENT NUMBER: P99000029421  |  |  |  |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  |  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |  |
| SAMUEL R. DANZIGER, ESQ.  (Name of person)  SAMUEL R. DANZIGER, P.A.  (Name of firm/company)  6701 SUNSET DRIVE, SUITE 104  (Address)  |  |  |  |
| (Ivame of person)  |  |  |  |
| SAMUEL R. DANZIGER, P.A.   |  |  |  |
| (Name of firm/company)   |  |  |  |
| نني ريم.   |  |  |  |
| 6701 SUNSET DRIVE, SUITE 104 (Address)   |  |  |  |
| (Address)  |  |  |  |
| MIAMI, FL 33143  |  |  |  |
| (City/state and zip code)  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |
| SAMUEL R. DANZIGER at ( 305 ) 661-7211   |  |  |  |
| SAMUEL R. DANZIGER at (305 ) 661-7211 (Name of person) (Area code & daytime telephone number)  |  |  |  |
| Enclosed is a \$35.00 check made payable to the Department of State.   |  |  |  |
| Mailing Address:  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address:  Amendment Section  Division of Corporations  409 E. Gaines Street  Tallahassee, FL 32399 |  |  |  |

TO: Amendment Section

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

| Pursuant to the   | provisions of sections 607.0502,  | 617.0502, 607.1508, or 617.1508, Florida Statutes,   |  |  |
|---|---|--|--|--|
| this statement of   | f change is submitted for a corpora                                     | tion organized under the laws of the State of  |  |  |
| FLORIDA   | in order to change its regist   | tered office or registered agent, or both, in the State  |  |  |
| of Florida.   |   | <del></del>  |  |  |
| 1. The name of t  | the corporation: WENRAP, INC  |  |  |  |
| 2. The principal  | office address: 4780 NW 183rd   | Street   |  |  |
| Miami, FL 33055   |   |  |  |  |
| 3. The mailing address (if different): 10600 SW 146th Court   |   |  |  |  |
| Miami, FL 33186   |   |  |  |  |
| 4. Date of incorp   | poration/qualification: 03/26/1   | 999 Document number; P99000029421  |  |  |
|   | street address of the current registe tment of State:                   | ered agent and registered office on file with the  |  |  |
| -   | MARC L. GOLD  | MAN 30   |  |  |
| 9980 SW 83rd Avenue  Miami, FL 33186  |   |  |  |  |
| Miami, FL 33186   |   |  |  |  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (it changed): |   |  |  |  |
| <del>-</del>  | RAUL J. PARET   | DES STATE OF THE S |  |  |
| 14600 SW 146th Court (P.O. Box or personal mailbox NOT acceptable)  |   |  |  |  |
|   | Miami, FL 331   | 86   |  |  |
|   |   | reet address of the business office of its registered  |  |  |
| Such change was<br>authorized by the  | authorized by resolution duly add<br>board, on the corporation has been | opted by its board of directors or by an officer so notified in writing of the change.   |  |  |
|   | chairman of vice chairman of the board)                                 | RAUL J. PAREDES, President (Printed or typed name and title)   |  |  |
| I hereby accept to<br>I further agree to<br>performance of n<br>registered agent,<br>office gadress, I          | hereby confirm that the corporation                                     | nt and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as il merely to reflect a change in the registered n has been notified in writing of this change.   |  |  |
| (Sign   | nature of Registered Agent)   | 9/22/07<br>(Date)  |  |  |
| If signing on behalf  | of an entity:   | <del></del>  |  |  |
|   | DES, President  |  |  |  |
| Œν  | ped or Printed Name)  | (Capacity)   |  |  |

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