			Certificate of Status Desi			
Name and Address of Current Registered Agent:						
NICASTRO, CARLEEN 851 DUNLAWTON AVENUE, SUITE 300 PORT ORANGE, FL 32127 US						
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE:	CARLEEN NICASTRO			04/29/2023		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title F	PRESIDENT	Title	SECRETARY			

DOCUMENT# P95000067234

Entity Name: WAF-MESA, INC.

Current Principal Place of Business:

11 CLIFFVIEW LANE ORMOND BEACH, FL 32174

Current Mailing Address:

11 CLIFFVIEW LANE ORMOND BEACH. FL 32174 US

FEI Number: 59-3334485

Na

Officer/Director Detail :					
Title	PRESIDENT	Title	SECRETARY		
Name	NICASTRO, CARLEEN	Name	LEFFLER, CHARLES WIGHT		
Address	11 CLIFFVIEW LANE	Address	11 CLIFFVIEW LANE		
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARLEEN NICASTRO

PRESIDENT

04/29/2023

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 29, 2023 **Secretary of State** 6593054349CC

Certificate of Status Desired: No