

500170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

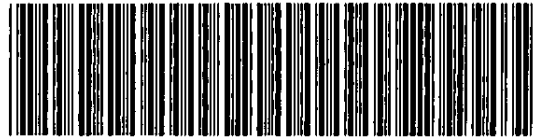
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900299456999

05/22/17--01012--025 **35.00

flachy
MAY 24 2017
R. WHITE

FILED
17 MAY 22 AM 10:55

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: W.D. Reites Inc.
Name of Corporation

DOCUMENT NUMBER: 560170

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:

Bill Reites
Name of Contact Person

W.D. Reites Inc.
Firm/Company

1532 Pointe Tarpon Blvd.
Address

Tarpon Springs, FL 34689
City/State and Zip Code

Bill@reites.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Reites at (813) 244 8545
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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: W.D Reites Inc.
- 2. The principal office address: 1532 Pointe Tarpon Blvd.
Tarpon Springs, Fl. 34689
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 2-20-1978 Document number: 560170

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)

William Reites
16301 Nikki Lane
Odessa, Fl 33556

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

William Reites
1532 Pointe Tarpon Blvd.
P.O. Box NOT acceptable
Tarpon Springs, Fl. 34689

17 MAY 22 AM 10:55
FILED

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.

X 
Signature of an officer or director

William Reites, president W.D. Reites Inc.
Printed or typed name 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.

X 
Signature of Registered Agent

May 17, 2017
Date

If signing on behalf of an entity:

Typed or Printed Name

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