

10 800000 3478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

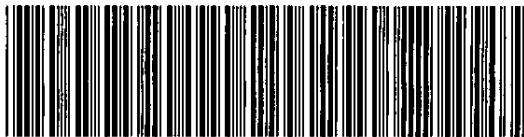
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Change
R.A. Allen

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WCT Associates, Inc.
Name of Corporation

DOCUMENT NUMBER: F08000003478

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:

Walter Carl Taylor
Name of Contact Person

WCT Associates, Inc.
Firm/Company

4251 Spruce Creek Road Bldg. I, Suite I
Address

Port Orange, FL 32127
City/State and Zip Code

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

For further information concerning this matter, please call:

Walter Carl Taylor at (386) 265-4911
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 Tennessee in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WCT Associates, Inc.
2. The principal office address: 4251 Spruce Creek Road Bldg. I, Suite I Port Orange, FL 32127
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/08/2008 Document number: F08000003478
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)

Walter Carl Taylor

Suite 230, 100 Colonial Center Parkway

Lake Mary, FL 32746

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

Walter Carl Taylor (unchanged)

4251 Spruce Creek Road Bldg. I, Suite I

P.O. Box NOT acceptable

Port Orange, FL 32127

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.

Walter Carl Taylor
Signature of an officer or director

Walter Carl Taylor, President

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.

Walter Carl Taylor
Signature of Registered Agent

12 August 2009

Date

If signing on behalf of an entity:

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 (8/05)

2009 AUG 14 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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