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(Requestor's Name)	_
WEST TRANSPORT	-
P.O. Box 9129 Cedar Rapids, IA 52409-9129	<u>-</u>
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7





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, 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 Massachusetts
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: West Side Unlimited Corporation
2. The principal office address: 4201 16th Que SW
Cedar Rapids IA 52404
3. The mailing address (if different): P.O. Box 9129
Cedar Kapids, IA 52409
4. Date of Incorporation/qualification: 12/14/2019 Document number: FC900600498
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)
Theresa O'Brien
20244 Melville St.
Orlando, FL 32833
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(If changed): Theresa O'Brien Theresa O'Brien
47 S. Hamilton Springs Road
St. Augustine, FL 32084
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 hoard, or the corporation has been notified in writing of the change.
Denall a Day I Dona I d A Voat
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 disties, and I cm 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.
Therea (DBM) 5/21/18 Signener of Registered Agent
If signing on behalf of an entity:
Typed or Frinted Name

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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