F97000005912

| (Req | uestor's Name) | |
|----------------------------|----------------|-------------|
| (Addı | ress) | |
| (Addı | ress) | |
| (City/ | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Na | me) |
| (Doc | ument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fi | ling Officer: | |
| | | |
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| | | |

Office Use Only



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11/09/06--01022--016 **35.00

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COVER LETTER

SUBJECT: (Name of Corporations)

SUBJECT: (Name of Corporation)

DOCUMENT NUMBER: F97000059/A

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:

(Name of Contact Person)

(Address)

Decription (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person)

(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

| statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida. |
|---|
| 1. The name of the corporation: Websta Copp |
| 2. The principal office address: 2571 Whitsbro Blvd |
| |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 11-6-97 Document number: F9700000591 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| Tour Vechota |
| 257 W Hellsham Blud |
| Deerfield Boh. FL 33442 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| John J Cincoll JR |
| (P.O. Box NOT acceptable) |
| (P.O. Box NOT acceptable) |
| 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. |
| Signature of an officer or director) Jou Victoria (Printed or typed name and title) |
| Intereby accept the appointment as registered agent and agree to act in this capacity. If 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. |
| 1111 111 11866 |
| (Signature of Registered Agent) (Date) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) |

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