## H70525

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bւ	usiness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	\$35.0	rd

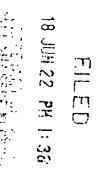




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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Westbury Development Inc.  Name of Corporation			
DOCUMENT NUMBER: H 78525			
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:			
Andrea Fuller Name of Contact Person  Westbury Development, In Firm/Company  2385 Tower De  Address  Maples The 34104 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Andrea Fuller at (239) LB7-5835 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: Westany Development Inc.
2. The principal office address: 2385 Tower De.
Maples, F1 34104
3. The mailing address (if different): Sime
4. Date of incorporation/qualification: 8 9 19 19 85 Document number: H 76525
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)
Andrea L Fulles
4292 Composite Sy Ste.C
Maples FL. 34164
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
_ Andrea Fuler
2385 Tower Dr
Maples FL 34104
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.
Undrea S. Fuller Andrea Fuller President
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.
Andrea J. Julia 6-18-18 Signature of Registered Agent Date
f signing on behalf of an entity:
Andra Fuller Typed or Printed Name

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