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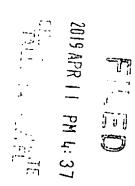
(Requestor's Name)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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R. WHITE APR 17 2019

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	Wesley Ranch, LLC						
		of Limited Liab	bility Company				
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Office	: Change and fe	ee(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to the fo	ollowing:				
LUAN	NE WESLEY						
•	Name of Person	 -	-				
WES	LEY RANCH, LLC						
	Firm/Company		-				
551 V	/IHLEN ROAD						
	Address	-	-				
SANF	FORD, FL 32771						
	City/State and Zip Code		-				
luann	ewesley@wesleyranch.com						
E	-mail address: (to be used for future annua	I report notifica	ation)				
For fur	ther information concerning this matter, pl	ease call:					
LUAN	INE WESLEY	407 at (493-4452				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314				
	Enclosed is a check for the following amount:						
	□ \$25 Filing Fee	☑ \$55	Filing Fee & Certified Copy				

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	wesley RAN	NCH, LL	C	
2. (a)	WESLEY RANCH, LLC Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 551 VIHLEN ROAD	(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SANFORD, FL 32771			
	4-7-2019	L	0600007	75307
3.5. (a)	Date of filing/registration in Florida RICHARD WESLEY	4.		Document number
J. (a)	Registered Agent and Registered Office shown on the records of the	he Florida D	ept. of Stat	- e:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5079 OHIO AVENUE		2019 APR	
	SANFORDFL	32771	<u>-</u> .	
(b)	LUANNE WESLEY			平 門
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> WESLEY RANCH, LLC	Office addr	<u>en</u> :	PH 4: 37
	NEW Registered Office Address: 551 VIHLEN ROAD	_	_	-
	SANFORD	32771		_
the cha agent was/we the arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the lawal Wiley	the registe bility com f the limite limited lia	ered office pany, it is ed liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in appany. SSLEY
I herei provisi the obl to mere nopijied	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I h I in writing of this change. QUICLE WISLEY re of Registered Agent	ce to act in performan I for in Ch pereby con	n this cap ace of my apter 602 firm that	Printed of typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent