111000 144915

| (Red | questor's Name) | |
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| (City | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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01/14/19--01008--001 **25.00





Post Office Box 540687 Orlando, FL 32801

Phone: (407) 428-9559 ~ Fax: (407) 428-9563

January 9, 2019

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed are the following Statements of Change of Registered Agent for Limited Liability Company with payment of filing fees:

| Company | Document Number | Check # |
|------------------------------|-----------------|------------------|
| Lee Wesley Group, LLC | L11000144915 | \$25.00 ck#15283 |
| LWN, LLC | L10000079159 | \$25.00 ck#15284 |
| Lee Wesley & Associates, LLC | L11000145554 | \$25.00 ck#12434 |
| LWAA, LLC | L13000100086 | \$25.00 ck#1116 |
| LWBC, LLC | L13000082995 | \$25.00 ck#15285 |
| LWN Panda, LLC | L10000080830 | \$25.00 ck#3266 |
| Lee Wesley Restaurants, LLC | L04000032918 | \$25.00 ck#10885 |
| Lee Wesley Properties, LLC | L07000040930 | \$25.00 ck#10199 |
| LWO, LLC | L09000079013 | \$25.00 ck#15286 |

Sincerely,

Árthur J. Lee

Enclosures

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--------------|---|----------------|--------------------------------------|
| SUBJ | Lee Wesley Group, LLC | | |
| | Nar | ne of Limite | d Liability Company |
| Dear S | Sir or Madam: | | |
| The cr | nclosed Registered Agent/Registered Off | fice Change | and fee(s) are submitted for filing. |
| Please | return all correspondence concerning th | nis matter to | the following: |
| Arthu | ır J. Lee, MGR | | |
| | Name of Person | | |
| Lee \ | Wesley Group, LLC | | |
| • | Firm/Company | | - |
| Post | Office Box 540687 | | |
| | Address | | |
| Orlar | ndo, FL 32854 | | |
| | City/State and Zip Code | | |
| brand | don.lee@leewesley.com | | |
| - | E-mail address: (to be used for future and | nual report n | otification) |
| For fu | rther information concerning this matter | , please call: | |
| Brand | don W. Lee | 407 | 428-9559 |
| | Name of Person | (| Area Code & Daytime Telephone Number |
| | STREET/COURIER ADDRESS: | | MAILING ADDRESS: |
| | Registration Section | | Registration Section |
| | Division of Corporations | | Division of Corporations |
| | Clifton Building | | P.O. Box 6327 |
| | 2661 Executive Center Circle Tallahassee, Florida 32301 | | Tallahassee, Florida 32314 |
| | Enclosed is a check for the following | g amount: | |
| | \$25 Filing Fee | 5 | \$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.

| (a) | 1030 N. Orange Avenue | | (b) Post C | Office Box 540687 |
|-----|---|----------------|----------------|---|
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) |
| | Suite 104 | | Orland | o, FL 32854 |
| | Orlando, FL 32801 | | | |
| | 06/16/2000 | | L11000 | 144915 |
| | Date of filing/registration in Florida | 4. | | Document number |
| (a) | Hatcher, Stephen BESQ. | | | |
| (4) | Registered Agent and Registered Office shown on the record | s of the Flori | da Dept. of Si | tate: |
| | | | | |
| | 315 E. Robinson Street | | | |
| | 315 E. Robinson Street Registered Office Address (MUST BE FLORIDA STRE | ET ADDRE: | <u>55)</u> | |
| | | ET ADDRE. | 55) | |
| | Registered Office Address (MUST BE FLORIDA STRE | ET ADDRE. | | |
| | Registered Office Address Suite 600 | - · | | |
| (b) | Registered Office Address Suite 600 | - · | | |
| (b) | Registered Office Address Suite 600 Orlando | FL_3280 | 1 | |
| (b) | Registered Office Address Suite 600 Orlando Marcia S. Babione, CPA Enter name of NEW Registered Agent and/or NEW Regist | FL_3280 | 1 | |
| (b) | Registered Office Address Suite 600 Orlando Marcia S. Babione, CPA Enter name of NEW Registered Agent and/or NEW Regist Babione Keuhler & Co | FL_3280 | 1 | —————————————————————————————————————— |
| (b) | Registered Office Address Suite 600 Orlando Marcia S. Babione, CPA Enter name of NEW Registered Agent and/or NEW Regist Babione Keuhler & Co NEW Registered Office Address: | FL_3280 | 1 | - 14 53 55 - 15 53 55 |
| (b) | Registered Office Address Suite 600 Orlando Marcia S. Babione, CPA Enter name of NEW Registered Agent and/or NEW Regist Babione Keuhler & Co | FL_3280 | 1 | —————————————————————————————————————— |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member of a uthorized representative of a member

Arthur J. Lee, MGR

Printed of a member of a memb

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent