

L11000144915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

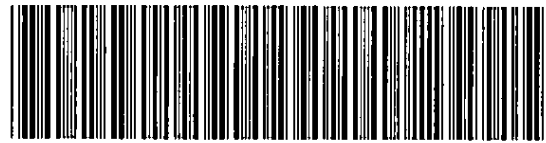
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LLC RA & RO  
change

RECEIVED  
2024 JAN 26 AM 11:28  
OFFICE OF  
CORPORATIONS  
TALLAHASSEE, FLORIDA

A. RAMSEY  
JAN 29 2024

FILED  
2024 JAN 26 AM 10:58  
OFFICE OF  
CORPORATIONS  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT :

\$ 25.00

ORDER DATE :

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

CHANGE OF AGENT

NAME: Lee Wesley Group, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
\_\_\_ ✓ \_\_\_ PLAIN STAMPED COPY

CONTACT PERSON:

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lee Wesley Group, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joan Perry

\_\_\_\_\_  
Name of Person

Lee Wesley Companies

\_\_\_\_\_  
Firm/Company

Post Office Box 540687

\_\_\_\_\_  
Address

Orlando, FL 32854

\_\_\_\_\_  
City/State and Zip Code

joan@leewesley.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joan Perry

407

474-1531

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Lee Wesley Group, LLC
2. (a) 1030 N. Orange Avenue  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Suite 104  
Orlando, FL 32801
- (b) Post Office Box 540687  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Orlando, FL 32854
3. 06/16/2000 Date of filing/registration in Florida
4. L11000144915 Document number
5. (a) Marci S. Babione, CPA  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
4060 Edgewater Dr  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Orlando, FL 32804
- (b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
Corporation Service Company  
**NEW** Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

FILED  
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TALLAHASSEE, FL  
CLERK OF THE CIRCUIT COURT

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.

Camille Lee-Johnson

Signature of a member or authorized representative of a member

Camille Lee-Johnson

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.*

Alexis Weiland-Strauss, ACP

Signature of Registered Agent