

L11000145554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

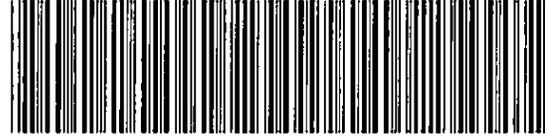
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600420789846

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2024 JAN 18 AM 11:42

FILED

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2024 JAN 18 PM 3:23

RECEIVED



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 01/18/24  
Order #: 1390174-1  
Re: Lee Wesley & Associates, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for ~~Certificate of Authority~~ *Change of Agent*  
Amount to be deducted from our State Account: \$25,000 - FL State Account Number:  
I20000000195 Authorization:

Please take the following action:  
File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lee Wesley & Associates, 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

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

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

474-1531

\_\_\_\_\_  
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 & Associates, LLC

2. (a) 1030 N. Orange Avenue (b) Post Office Box 540687  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

Suite 104 Orlando, FL 32854  
Orlando, FL 32801

3. 01/17/1985 4. L11000145554  
 Date of filing/registration in Florida 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

2024 JAN 18 AM 11:42  
 FILED  
 TALLAHASSEE, FLORIDA

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 Camille Lee-Johnson  
 Signature of a member or authorized representative of a member Printed or typed name of signer

*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 Waitant-Brenson, ACP  
 Signature of Registered Agent