

# L11000145554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

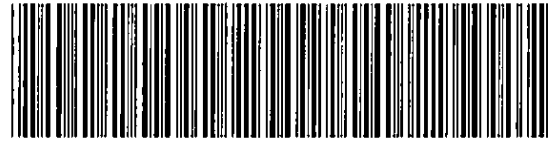
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2024 JAN 18 AM 11:42

TALLAHASSEE, FLORIDA

RECEIVED

2024 JAN 18 PM 3:23

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



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:  
120000000195 Authorization:

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over the 'Authorization:' line.

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

at ( 407 ) 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: <u>Lee Wesley &amp; Associates, LLC</u>	
2. (a) <u>1030 N. Orange Avenue</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>Suite 104</u> <u>Orlando, FL 32801</u>	(b) <u>Post Office Box 540687</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>Orlando, FL 32854</u>
3. <u>01/17/1985</u> Date of filing/registration in Florida	4. <u>L11000145554</u> Document number
5. (a) <u>Marci S. Babione, CPA</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>4060 Edgewater Dr</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> <u>Orlando, FL 32804</u>	
(b) <u>Enter name of NEW Registered Agent and/or NEW Registered Office address:</u> <u>Corporation Service Company</u> <u>NEW Registered Office Address:</u> <u>1201 Hays Street</u> <u>Tallahassee, FL 32301</u>	

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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 Waitart-Benson, ACP

Signature of Registered Agent