

M17000010298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WBL/ART  
Name of Corporation

**DOCUMENT NUMBER:** MI7000D10298

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrea Fuller  
Name of Contact Person

WBL/ART  
Firm/Company

2385 Tower Drive  
Address

Naples FL 34104  
City/State and Zip Code

Andrea.Fuller@westburyproperties.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Fuller at ( 239 ) 687-5830  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2018

ANDREA FULLER  
2385 TOWER DR  
NAPLES, FL 34104

SUBJECT: WBL/ARH, LLC  
Ref. Number: M17000010298

We have received your document for WBL/ARH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 918A00013145

REC'D  
2018 JUL 23 AM 11:05

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WBL/ARH 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:

Andrea Fuller  
Name of Person

WBL/ARH LLC  
Firm/Company

2385 Tower Dr.  
Address

Naples FL 34104  
City/State and Zip Code

Andrea.fuller@westburyproperties.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Fuller at ( 239 ) 687-5830  
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

**MAILING ADDRESS:**

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

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: WBL/ARH LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

2385 Tower Drive Same  
Naples, FL 34104

3. 12/6/17 4. M17 0000 10298  
Date of filing/registration in Florida Document number

5. (a) WB Lending, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
4292 Corporate Sq. Ste C.  
Naples, FL 34104

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2385 Tower Drive  
Naples, FL 34104  
NEW Registered Office Address:  
\_\_\_\_\_, FL \_\_\_\_\_

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.

Andrea Fuller  
Signature of a member or authorized representative of a member

Andrea Fuller President  
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.*

Andrea Fuller, President  
Signature of Registered Agent