N22000002739

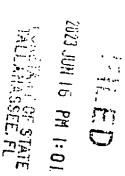
| (Requestor's Name) | | |
|---|--|--|
| | | |
| (Address) | | |
| | | |
| (Address) | | |
| | | |
| (City/State/Zip/Phone #) | | |
| (Only State Elph Holle #) | | |
| PICK-UP WAIT MAIL | | |
| | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| (Bootine Namber) | | |
| | | |
| Certified Copies Certificates of Status | | |
| • | | |
| Special Instructions to Filing Officer: | | |
| - | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000410565240

05/18/23--01014--025 **35.00



3121 3

AUG - 7 2023

COVER LETTER

TO:

Amendment Section Division of Corporations

| Wales Paskada di Isa | |
|--|--|
| SUBJECT: Wesley Brotherhood Inc Name of Corporation | |
| DOCUMENT NUMBER: N22000002738 | |
| The enclosed Statement of Change of Registere | d Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this | s matter to the following: |
| Neil Brown | |
| Name of Contact Person | |
| Wesley Brotherhood Inc | |
| Firm/Company | |
| 219 Boone Drive | |
| Address | |
| Auburndale, FL 33823 | |
| City/State and Zip Code | |
| brownneil@bellsouth.net | |
| E-mail address: (to be used for future annua | l report notification) |
| For further information concerning this matter, | please call: |
| Neil Brown | at (828) 766-5922 Area Code & Daytime Telephone Number |
| 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 | Street Address: |
| Amendment Section Division of Corporations | Amendment Section |
| P.O. Box 6327 | Division of Corporations The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

. STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida. |
|---|
| 1. The name of the corporation: Wesley Brotherhood Inc. Wesley Brotherhood Inc. |
| The principal office address: 292 Broadleaf Lane |
| Saint Johns, FL 32259 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: March 2, 2022 Document number. N22000002738 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| Dan Davis- resigned |
| 220 Broadleaf Lane |
| Saint Johns, FL 32259 |
| Dan Davis- resigned 220 Broadleaf Lane Saint Johns. FL 32259 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Neil Brown |
| 219 Boone Drive |
| P.O. Box NOT acceptable |
| Aubumdale, Fl. 33823 |
| The street address of its registered office and the street address of the business office of its registered agent as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| Signature of an office or director Printed or typed name and title |
| Signature of an Officer or director Printed or typed name and title |
| 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Signature of Registered Agent Date Date |
| Signature of Régistered Agent Date ' If signing on behalf of an entity: |
| Neil Brown |
| Typed or Printed Name |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *

CR2E045 (04/13)