N960000399

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: WESLEY GROUP HOME 1, FORC, Name of Corporation
DOCUMENT NUMBER: N96 000 006 399
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:
MATTHEW GUTSTADT Name of Contact Person WESCEY GROUP HOME 1, INC Firm/Company GIG SW 3 ST Address
HALCANDACE FC 33009 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 555 0 3/9 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 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

- 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: WESLEY GROUP HONE 1, INC
1. The name of the corporation: WESLEY GROUP HONE 1, INC 2. The principal office address: GIG SW 3" ST HAWAWORKE, FC 33009
HAWAWDRUE, FC 33009
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/18/93 Document number: N96000000 399
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)
MIKE DYSON 55 5
MIKE DYSON 55 5
616 SW 3RD STREET WALLANDALE REACH EL 33000
6. The name and street address of the new registered agent (if changed) and /or registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
·
GIG SW 3° ST HACKANDAGE FL 33005
P.O Box NOT acceptable P.O Box NOT acceptable
г.о вос мот ассеране
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 officer or director MATTAEW GUTSTABT, OVERAL Printed or typed name and title OFFICE
Signature of an ollicer 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.
10/3/18
Signature of Registered Agent Date
If signing on behalf of an entity:
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 * * *