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(Re	equestor's Name)				
(Ad	ldress)				
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(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	d Copies Certificates of Status				
Special Instructions to	Filing Officer				
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
CXVID TO CO. 1 on Wesley Group, Inc.
SUBJECT: Lee Wesley Group, Inc. (Name of corporation)
DOCUMENT NUMBER: P00000060214
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:
Arthur J. Lee
(Name of person)
Lee Wesley Group, Inc.
(Name of firm/company)
924 N. Magnolia Ave., Suite 303
(Address)
Orlando, FL 32803
(City/state and zip code)
For further information concerning this matter, please call:
Arthur J. Lee at (407) 428-9559
Arthur J. Lee at (407) 428-9559 (Name of 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 Tallahassec, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute	s, this states		-	
change is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.			in order		
to criarge its re	gisterea office or registerea agent, or voin, in the state of Pioriaa.				
1. The name of	the corporation: Lee Wesley Group, Inc.			·	
2. The principal	office address: 924 N. Magnolia Ave., Suite 303, Orlando, FL 32836	<u> </u>			
3. The mailing a	address (if different):	211 % 1		<u> </u>	
4. Date of incor	poration/qualification: 6-16-2000 Document number: P0000006021	4		·	
	d street address of the current registered agent and registered office on file with the rtment of State:	-			
	W. Charles Shuffield, Esq.		2	+ #04070	
	315 E. Robinson Street, Suite 600	AHA	F -	Sections:	
	Orlando, FL 32801	— m	5 ≥	m	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office Arthur J. Lee	STATE	AM 10: 20	O	
	924 N. Magnolia Ave., Suite 303	<u></u>			
	(P.O. Box or personal mailbox NOT acceptable)				
	Orlando, FL 32803	<u> </u>			
The street addred	ess of its registered office and the street address of the business office of its registered.	stered agen	t, as		
Such change w	as authorized by resolution duly adopted by its board of directors or by an office e corporation has been notified in writing of the change.	er so author	ized l))	
/ litt	ARTHUR J. Les Signature of an officer or director) (Frunted or typed name an	L Pre	_	Rent	
I hereby accept I further agree auties, and I am being fled mer been notified in	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete in familiar with and accept the obligation of my position as registered agent. Or ely to reflect a change in the registered office address, I hereby confirm that the a writing of this change.	performan , if this doc corporatio	ce of i umen n has	my t is	
Int	(Signature of Registered Agent) (Date)	584	<u>'</u>		
If signing on bo	chalf of an entity:				
	(Typed or Printed Name) (Capacity)	<u> </u>			