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(R	equestor's Name)				
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O SIMMONS 'JAN - 4 2020

COVER LETTER

	ent Section of Corporations	
SUBJECT:	DEBBY WERTZ Name of Corp	PA
	Name of Corpo	oration
DOCUMENT N	UMBER: PO2000027	957
The enclosed Stat	tement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all c	correspondence concerning this matter to	the following:
	MICHAFI III	=011
	MICHAEL WE Name of Contact	t Person
	DEBBY WE	RTZ PA
	Firm/Comp	any
	12814 PAYTON	STREET
	Address	
	ODESSA FL City/State and Z	33556
	City/State and Z	ip Code
	MIKE @ WER	
	E-mail address: (to be used for future	re annual report notification)
For further inform	nation concerning this matter, please call	;
MICH	AET WERIL	Area Code & Daytime Telephone Number
N:	ame of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35	.00 check made payable to the Departme	nt of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	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 60 statement of change is submitted for a continuous in order to change its registere.	orporation organi	ized under t	he laws of the	State of _	FLORI	-	
	-						
2. The principal office address:	12814	PAYTE	N CTREE	27			
The name of the corporation: 2. The principal office address:	ODESSA	FL	33556				
3. The mailing address (if different):							
4. Date of incorporation/qualification:	03/13/200	Docu	ment number:	Poz	2.0000	279:	 5 7
5. The name and street address of the cu Florida Department of State: (If resign			gistered office	on file wit	h the		
Mie.	HAER WE	RIL					
1900	6 WEATH	ERSTO	WE DRI	v=			
TALL	6 WEATH PA, FL	3364	47		<i>(</i>	~	
6. The name and street address of the ne (if changed): MIC 128 ODE S	w registered agen	t (if change	d) and /or reg	istered offi	ECRET TĄLLA	2019 NOV 25	7
MIC	HAEZ WE	RIZ			生活	25	
128,	4 PAYTO	N STA	lee-T			PH 12: 2	[;]
- 1	P.O. Box NOT	acceptable	/		STA	2.5	
0000	SA FL	33	556		' 	9	
The street address of its registered office as changed will be identical.	re and the street a	iddress of t	he business of	ffice of its	registered	agent.	
Such change was authorized by resolut authorized by the board, or the corpora	ion duly adopted tion has been not	by its boar ified in wri	d of directors ting of the cha	or by an o' ange.	fficer so		
Signature of an other of director		∆e	BBY WEA	27 Z -	PRES	idevi	-
I hereby accept the appointment as reg I further agree to comply with the prov performance of my duties, and I am fan agent. Or, if this document is being fild hereby confirm that the corporation ha	isions of all statu niliar with and ac ed merely to refle s been notified in	tes relative scept the ol sct a chang	ct in this capa to the proper digation of m	icity. and comp y position (as register	red !	
Signature of Registered Agent			// // Date	4/19			
If signing on behalf of an entity:							
DEBBY WERTZ A	01						
	* * FILING FE	E: \$35.00 *	**				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314