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TO:	CO: Amendment Section Division of Corporations				
SUBJ	ECT:	Whertec Technologies, Inc			
J J D D		Name of C	Corporation	_	
DOCU	UMENT :	NUMBER:P03000094038			
The er	nclosed St	tatement of Change of Registered Offic	e/Agent and fee are submitted for	or filing.	
Please	return al	I correspondence concerning this matte	er to the following:		
		Cynthia Z. Jorgensen			
		Name of Co	ntact Person		
		Quarles & Brady LLP			
		Firm/Co	ompany		
411 East Wisconsin Avenue, Suite 2350					
		Add	ress		
		Milwaukee, WI 53202			
		City/State and	nd Zip Code	<u> </u>	
		E-mail address: (to be used for f	uture annual report notification	on)	
For fu	rther info	rmation concerning this matter, please	call:		
Cynthia Z. Jorgensen 414 277-51		at (414	1		
		Name of Contact Person	Area Code & Daytime Te	elephone Number	
Enclos	sed is a \$3	35.00 check made payable to the Depar	tment of State.		
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corpora Clifton Building 2661 Executive Cer	tions	
		i alialiassoo, i D p25 i T	Tallahassee El 323		

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

tursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
atement 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.
. The name of the corporation: Whertec Technologies, Inc.
The principal office address: 5409 Highway Avenue
Jacksonville, FL 32254
. The mailing address (if different): 5409 Highway Avenue
Jacksonville, FL 32254
Date of incorporation/qualification: 8/27/2003 Document number: P03000094038
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)
Brant Abraham Reiter & McCormick, PA
50 N Laura St., Ste 2750
Jacksonville, FL 32202
Tricia Wilson
Tricia Wilson
5409 Highway Avenue
P.O. Box NOT acceptable
Jacksonville, FL 32254
the street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Tricia Wilson, Secretary Printed or typed name and title
Signature of an officer or director hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete erformance of my duties, and I am familiar with and accept the obligation of my position as registered gent. Or, if this document is being filed merely to reflect a change in the registered office address, I ereby confirm that the corporation has been notified in writing of this change.
September 25, 2014
Signature of Registered Agent Date
signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *