## P03000145a90

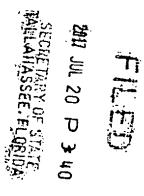
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SURJECT: Westmoreland's A/C Inc.

Name of Corporation

DOCUMENT NUMBER: PU

P03000145290

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:

David C. Gilmore, Esq.

Name of Contact Person

Firm/Company

7620 Massachusetts Avenue

Address

New Port Richey, FL 34653

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luke Westmoreland

Name of Contact Person

727 、919-5709

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

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OF FICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 60 mge is submitted for a corporation organized r to change its registered office or registered o	under the laws of the State of Flo	orida
1. The name of	the corporation: Westmoreland's A/C I	nc.	
2. The principal	office address: 5827 Riddle Road, Ho	iday, FL 34690	
3. The mailing a	address (if different):		
4. Date of incorporation/qualification:		Document number: P0300014520	
5. The name and street address of the current registered agent a Florida Department of State: (If resigned, enter resigned)			
·	Cathy L. Westmoreland		
	5827 Riddle Road		
	Holiday, FL 34690		
6. The name and (if changed):	d street address of the new registered agent (if	changed) and /or registered offic	
	Luke M. Westmoreland	D. D	JUL 20
	9921 Camps Wood Circle	ARY SSE	20
	New Port Richey, FL 34654	able MO	T U
The street address changed will	ess of its registered office and the street addre be identical.	ess of the business office, its r	egntered agent,
Such change wa authorized by the	as authorized by resolution duly adopted by in the board, or the corporation has been notified	is board of directors or by an off	ficer so
<u>Unthe</u>	S. L. Lestmore and	Printed or Piped name and title	STMORELAND
perjormance of agent, Or, if th	the appointment as registered agent and agreto comply with the provisions of all statutes in my duties, and I am fahiliar with and accept is document is being filed merely to reflect a that the corporation has been notified in wri	the obligation of my position a change in the registered office of	ete s registered address, l
TULON SIR	nature of Registered Agent	ly 14, 2017	
	half of an entity:		
	yped or Printed Name		
	* * * FILING FEE: SI	 	

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