P04000072302

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	<u> </u>
(Ci	ty/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(-	,	,
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200078712292

(18/21/06-01013--022 **35.00



RA Chg.

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Whealth Builders, Inc. (Name of Corporation)			
DOCUMENT NUMBER: P04000072302			
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:			
Kelly Lobas (Name of Contact Person)			
The Bittinger Law Firm (Firm/Company)			
238 Ponte Vedra Park Drive, Suite 102 (Address)			
Ponte Vedra Beach, FL 32082 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Kelly Lobas at (904) 285-8550 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton 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 607.0502, 617.0502, 607.1508, or 617.1508 statement of change is submitted for a corporation organized under the laws of the	
in order to change its registered office or registered agent, or both, in the	· ————
1. The name of the corporation: Whealth Builders, Inc.	
2. The principal office address: 6817 Southpoint Parkway, Suite 604, Jack	csonville, FL 32216
3. The mailing address (if different):	
4. Date of incorporation/qualification: 05/03/2004 Document number	P04000072302
5. The name and street address of the current registered agent and registered office Florida Department of State:	e on file with the
Spiegel & Utrera, P.A.	
1840 SW 22nd St., 4th Floor	
Miami, FL 33145	EC No.
6. The name and street address of the new registered agent (if changed) and /or reg (if changed):	gistered office Soft
Ann Bittinger, Esq.	F. 22.
238 Ponte Vedra Park Drive, Suite 102 (P.O. Box NOT acceptable)	
Ponte Vedra Beach, FL 32082	
The street address of its registered office and the street address of the business as changed will be identical.	office of its registered agent,
Such change was authorized by resolution duly adopted by its board of director authorized by the board, or the corporation has been notified in writing of the corporation.	rs or by an officer so change.
Wille E. Andre (Frinted or typ)	ped name and title)
I hereby accept the appointment as registered agent and agree to act in this can a further agree to comply with the provisions of all statutes relative to the property of my duties, and I am familiar with and accept the obligation of my position as a document is being filed merely to reflect a change in the registered office addressorporation has been notified in writing of this change.	pacity er and complete performance s registered agent. Or, if this ess, I hereby confirm that the
Signature of Registered Agent) 8/17/	100
If signing on behalf of an entity:	,
(Typed or Printed Name)	No.
* * * FILING FEE: \$35.00 * * *	,

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)