## P04000085339

(Requestor's Name)		
(Address)		
(Address)		
(Addiess)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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## **COVER LETTER**

Amendment Section

Division of Corporations			
SURJECT: WESBEC MORTGAGE COMPANY			
SUBJECT: WESDEC WORTGAGE COMPANY (Name of Corporation)			
D04000085220			
DOCUMENT NUMBER: P04000085339			
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:			
WALTER W ESTRADA			
(Name of Contact Person)			
WESBEC MORTGAGE COMPANY			
(Firm/Company)			
28231 SW 143 CT			
(Address)			
HOMESTEAD, FL 33033 (City/State and Zip Code)			
• • •			
For further information concerning this matter, please call:			
WALTER W. ESTRADA at ( 305 ) 508-5111			
WALTER W. ESTRADA at (305) 508-5111 (Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address:  Street Address:			
Amendment Section Amendment Section Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

## . $\bullet$ . STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

·* -	<u>.</u>	organized under the laws of the State of Florida
i i		registered agent, or both, in the State of Florida.
1. The name of the	he corporation: WESBEC MO	RTGAGE COMPANY
2. The principal of	office address: 28231 SW 14	з ст
	HOMESTEA	ND, FL 33033
3. The mailing ac	ddress (if different):	
4. Date of incorp	poration/qualification: 06/01/200	Document number: P04000085339
5. The name and Florida Depart		tered agent and registered office on file with the
	WALTER W ESTRADA	4
	2830 NW 87th Terrac	e
	MIAMI, FL 33147	T T
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office
	28231 SW 143 CT	
	HOMESTEAD, FL 33	3033
	(P.O. Box NOT ac	eceptable)
The street addres	ss of its registered office and the be identical.	street address of the business office of its registered agent,
Such change was authorized by the	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by an officer so een notified in writing of the change
(Signature	re of an officer or director)	WALTER W ESTRADA/PRESIDENT (Printed or typed name and title)
I hereby accept t I further agree to of my duties, and document is bein	,	tent and agree to act in this capacity. full statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this we in the registered office address. I hereby confirm that the
Dai	Etilea L	05/23/2006
(Sign	nature of Registered Agent)	(Date)
If signing on beh	nalf of an entity:	
WALTER V	V ESTRADA	
(Ty	yped or Printed Name)	

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

\* \* \* FILING FEE: \$35.00 \* \* \*