## P08000022000

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## **COVER LETTER**

Division of Corporations
SUBJECT: WestBury Name of Corporation
DOCUMENT NUMBER: POB 0000 22660
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:
Andrea Fuller Name of Contact Person  WestBiery Firm/Company
4292 Corporate Square Site C
Naples PL 34184 City/State and Zip Code
Andrea. Fuller @ westbury procession. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrea Fulee at (239) 187-5830  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:  Amendment Section  Street Address:  Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (03/12)

TO:

Amendment Section



March 2, 2016

ANDREA FULLER WB LENDING INC 4292 CORPORATE SQUARE - STE. C NAPLES, FL 34104

SUBJECT: WESTBURY NAPLES, INC.

Ref. Number: P08000022660

We have received your document for WESTBURY NAPLES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please submit/complete the document in its entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 216A00004370

Irene Albritton Regulatory Specialist II

www.sunbiz.org

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

statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Lustrauty Waples Fre:
2. The principal office address: 4292 Corporate Square Soute C
2. The principal office address: 4292 Componente Square South C  Naples, FL 34104
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/3/2668 Document number: P08666022/ale0
5. 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)
David N. Sector
824 5th Avenue S. #106
Naples FL 34102 ====================================
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
David N. Sexton  4292 Corporate Square Suite C  PO. BOX NOT deceptable
Naples, FL 34104
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director  Daild N. Scyton President  Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
David N. Suxton Typed or Printed Name
* * * 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 (03/12)