

(Re	equestor's Name)	_
(Ac	ddress)	_
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	_
Special Instructions to	Filing Officer:	

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R. WHITE

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: W.W. N.B CoRP  Name of Corporation
DOCUMENT NUMBER: \$0800068167
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:
BRETT BASINSKI  Name of Contact Person
W.W. N.B. Gorf Firm/Company
4340 MAIN STREET
4340 MAIN STREET  Address  Jupiter, FL 33458  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CRET BASINSK  at (954) 732-06/8   Name of Contact Person   Area Code & Daytime Telephone Number
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 Division of Corporations P.O. Box 6327  Street Address: Amendment Section Division of Corporations Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 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, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIOA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: W. W.N.B (orp
1. The name of the corporation: W. W.N.B Corp  2. The principal office address: 4340 MAIN St., DITER, FL 3345F
3. The mailing address (if different):
4. Date of incorporation/qualification: 7-17-08 Document number: P08000668/67
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)
BRET BASINSKI
5106 MISTY MORN RD.
Para BEACH GARDENS, FL 33458
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  BRETT BASINSK
BRETT BUSINSKY  4340 MAIN STREET  P.O. Box NOT acceptable
JUPITER, FL ### 33458
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.  BRETT BASINS H  Signature of an officer of director  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:
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)