P08 0000 98220

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





800353756358

10/16/20--01007--010 *#35.00

R. WHITE NOV 19 2020

COVER LETTER

TO:	Amendment Section	 F	-	
	Division of Corporations	•	; -	
			• •	•
	ECT: WCC Services Inc.			
Name	of Corporation		•	
DOC	UMENT NUMBER: P08000098220			and the same of th
The er	nclosed Statement of Change of Registered Off	fice/Agent and	fee are	submitted for filing
	e return all correspondence concerning this mat	=		
ricase	return an correspondence concerning this mai	ner to the fone	wing.	
Stever	n C. Kletzkin			
	of Contact Person			
	n C. Kletzkin, Attorney At Law			
	Company			
	N. Federal Hwy, Ste 210			
Addre				
Boca I	Raton, FL 33431			
City/S	State and Zip Code			
•	diana@sckpllc.com OR sck@sckr	olle.com		
E-mai	il address: (to be used for future annual rep		on)	
	`		,	
For fu	orther information concerning this matter, pleas	se call:		
Stever	ı C. Kletzkin	at (561	`	962-5942
	Name of Contact Person	Area	Code &	962-5942 Daytime Telephone Numb

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of Florida			
		fice or registered agent, or both, in the State of Florida.			
	the corporation: WCC Service				
2. The principa	l office address: 1971 Lee Roa	ad, Ste. 202, Winter Park, FL 32789			
_					
4. Date of incor	rporation/qualification: 10/31	/2008 Document number: P08000098220			
	id street address of the current artment of State: (If resigned,	t registered agent and registered office on file with the enter resigned)			
	Jonathan J. A. Paul				
	631 Palm Springs Drive, #114				
	Altamonte Springs, FL 3270				
6. The name an (if changed):		egistered agent (if changed) and /or registered office At Law			
	Steven C. Kletzkin, Attorney	At Law			
	4400 N. Federal Hwy, Stc. 210				
	Boca Raton, FL 33431	P.O. Box NOT acceptable			
The street addr as changed wil	ress of its registered office ar I be identical.	nd the street address of the business office of its registered agent,			
Such change wanthorized by t	vas authorized by resolution of the board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.			
		Sheldon Wilson/CEO 10 13 2020			
I hereby accen	ure of an officer or director t the appointment as register to comply with the provision nd I am familiar with and ac ving filed merely to reflect a us been notified in writing of	Printed or typed name and title red agent and agree to act in this capacity. ns of all statutes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this change in the registered office address, I hereby confirm that the this change.			
TO	on C Korgha	10.13.2020			
Si	gnature of Registered Agent	Date			
If signing on b	chalf 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