(Requestor's Name)		
(Address)	100182987	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	07/08/1001013	
(Business Entity Name)	,	
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
	.w.,	
	DNING	

Office Use Only



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-018 **35.00

COVER LETTER

"3

Tallahassee, FL 32301

SUBJECT:	Westin Realty G	roup, Inc.			
	Name of Co	rporation			
DOCUMENT N	UMBER:	1			
The enclosed Stat	ement of Change of Registered Office	Agent and fee are subn	nitted for filing.		
Please return all c	orrespondence concerning this matter	to the following:			
-	Michael Ś	Mullvain			
	Name of Contact Person				
	Westin Realty Group, Inc.				
	Firm/Company				
	~~	0: #404			
	754 Haddonstone Cir. #104 Address				
	Addi	C33			
	l ake Mary	FI 32746			
	Lake Mary, FL. 32746 City/State and Zip Code				
	mike@westinrea	itvaroup.com			
•	mike@westinrealtygroup.com E-mail address: (to be used for future annual report notification)				
For further inform	nation concerning this matter, please ca	all:			
-	Mike Mullvain	at (407 _{-)}	782-7799		
Na	ame of Contact Person	Area Code & Day	time Telephone Number		
Enclosed is a \$35.	.00 check made payable to the Departi	nent of State.			
	Mailing Address: Amendment Section	Street Addres	<u>ıs:</u>		
		Amendment			
	Division of Corporations P.O. Box 6327	Division of C Clifton Build	-		
	Tallahassee, FL 32314		ive Center Circle		

TO:

Amendment Section Division of Corporations

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

	e provisions of sections 607.0502, 617.0502,		
	nange is submitted for a corporation organiz		
ın orae	ler to change its registered office or register	ea agent, or both, in the State	e of rioriaa.
1. The name of	the corporation: Westin Realty Gro	oup, Inc.	
2. The principal	d office address: 285 Uptown Blvd. Sui	ite 506 Altamonte Sprin	gs, FL. 32701
3. The mailing a	address (if different): 754 Haddonstone	e Cir. #104 Lake Mary,	FL. 32746
4 Date of incom	rporation/qualification:	Document number	P09000057545
			."
	nd street address of the current registered age artment of State: (If resigned, enter resigned)	_	ie with the
,	Michael Mullvain		
	1172 Island Shores Ln. Bldg 3 Su	uite 336	
	Lake Mary, FL. 32746		
6. The name and (if changed):	nd street address of the new registered agent	(if changed) and /or registere	SEGRETARY SEE, FL
	Michael S. Mullvain	Manual Control of the	& SS &
	754 Haddonstone Cir. #104		PH 2: 49
	P.O. Box NOT	Receptable	2: 49
	Lake Mary, FL. 32746		
The street address changed will	ress of its registered office and the street and be identical.	ddress of the business office	e of its registered agent,
Such change wa authorized by the	vas authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or lified in writing of the chang	by an officer so e.
		Michael S. Mul	 Ivain Pres
~	ure of an officer or director	Printed or typed name	and title
I hereby accept I further agree of my duties, an document is bet corporation has	nt the appointment as registered agent and to comply with the provisions of all statute and I am familiar with and accept the obligating filed merely to reflect a change in the as been notified in writing of this change.	agree to act in this capacity tes relative to the proper an ation of my position as regi registered office address, I	v. d complete performance stered agent. Or, if this hereby confirm that the
		6 July	, 2010
	gnature of Registered Agent	Date /	
It signing on be	ehalf of an entity:		
Micha	Typed or Printed Name		

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

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