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04/09/10--01009--025 **35.00

COVER LETTER

Amendment Section

TO:

Division of Co	orporations					
SUBJECT:	Debo Webit, Inc. Name of Corporation					
	Name of Cor	poration				
DOCUMENT NUME	BER: P0900	00062496				
The enclosed Statemer	nt of Change of Registered Office//	Agent and fee are submitted for filing.				
Please return all corres	spondence concerning this matter to	o the following:				
	Robert Sca	arpuzzi				
	Name of Conta	act Person				
	D-D-14/-1	: A . L				
_	DeBo Webit, Inc. Firm/Company					
		·FV				
	4692 Lakeside Club Blvd					
_	Addre	SS				
	Fort Myers, F	L 33905				
	City/State and	Zip Code				
	angelwings42@	gmail.com				
E-	mail address: (to be used for fut	ure annual report notification)				
For further informatio	n concerning this matter, please cal	II:				
Rol	bert Scarpuzzi	at (239) 694-7338				
Name	of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 c	check made payable to the Departm	ent of State.				
	Mailing Address:	Street Address:				
	Amendment Section	Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

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

statement of cha	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Flo d under the laws of the State d agent, or both, in the State	e of Florida		
1. The name of t	he corporation: Debo	Webit, Inc.				
2. The principal	office address: 4692 L	akeside Club B	lvd			
Fort Myers	s, FL 33905					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:	07/22/2009	Document number:	P09000062496		
	I street address of the cur tment of State: (If resign		nt and registered office on fi	le with the		
	COMPLIANCE SERVICES					
	400 Capital Cir SE, Postal Mail Box 18321					
	Tallahassee, FL 32	2301		2010 A		
6. The name and (if changed):	street address of the new	w registered agent (if changed) and /or registere	ed office		
	Robert Scarpuzzi					
	4692 Lakeside Clu	Ib Blvd P.O. Box NOT ac	o de la constanta de la consta			
	Fort Myers, FL 339		схерасне			
The street address changed will	ess of its registered office be identical.	ce and the street ad	dress of the business offic	e of its registered agent,		
			by its board of directors or fied in writing of the chang			
Clenise	Starpunger of an officer of an effor		Denise Sc	carpuzzi Preudent		
		ristered agent and hisions of all statute id accept the obliga ct a change in the gg of this change.	agree to act in this capacites relative to the proper an ation of my position as reg registered office address, I April 6, 2	nd complete performance istered agent. Or, if this hereby confirm that the		
Sig	mature of Registered Agent	1	Date			
If signing on be	chalf of an entity:					
<u> </u>	yped or Printed Name					

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