## P1000055611

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
\$	35,00	

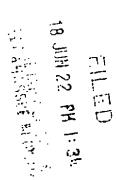
Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Westbury FCR Frc.  Name of Corporation		
DOCUMENT NUMBER: PD00005561		
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 Fulez Name of Contact Person		
Westbury FOR Inc.		
2385 Tower Dr. Address		
Maplas FL 34104 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Andrea Fuller at (259) LBT - 5830  Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Malling Address: Street Address:		
Amendment Section Amendment Section		
Division of Corporations  P.O. Box 6327  Division of Corporations  Clifton Building		
T. II. I. S. Cont.		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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## 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 Florida.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Westbury FCR Inc.
2. The principal office address: 2385 Tower Dr.
Maples, FL 34104
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 7/2/2010 Document number: P105000 55611
<ol> <li>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)</li> </ol>
Andrea: Fuller
H292 Corporate Sq. Ste.C.
Maples, FL 34104
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Andrea Fulce 2385 Tower De.
P.O. Box NOT acceptable  P.O. Box NOT acceptable
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.
undrea L. Jules Andrea Tyles 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.
Inderea L. Fillor Lo-18-18 Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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