

P100000100023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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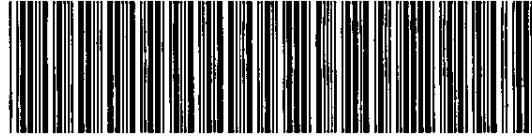
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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MAR 14 2016
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Westbury Run Row Two, Inc.
Name of Corporation

DOCUMENT NUMBER: P10000100023

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 Fuller
Name of Contact Person

Westbury Run Row Two
Firm/Company

4292 Corporate Square Suite C
Address

Naples, FL 34104
City/State and Zip Code

Andrea.Fuller@westburyproperties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Fuller at (239) 687-5830
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
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2016

ANDREA FULLER
WB LENDING INC
4292 CORPORATE SQUARE - STE. C
NAPLES, FL 34104

SUBJECT: WESTBURY RUM ROW TWO, INC.
Ref. Number: P10000100023

We have received your document for WESTBURY RUM ROW TWO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete/submit the document in its entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 616A00004369

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Westbury Rum Row Two
2. The principal office address: 4292 Corporate Square Suite C
Naples, FL 34104
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 12/10/2010 Document number: 11000000023
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)

David N. Sexton
824 5th Avenue South #106
Naples, FL 34102

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

David N. Sexton, President
4292 Corporate Square Suite C
P.O. Box NOT acceptable
Naples, FL 34104

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TALLAHASSEE, FLORIDA

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.

David N. Sexton
Signature of an officer or director

David N. Sexton 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.

David N. Sexton
Signature of Registered Agent

2-22-14
Date

If signing on behalf of an entity:

David N. Sexton
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