

P10000100092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

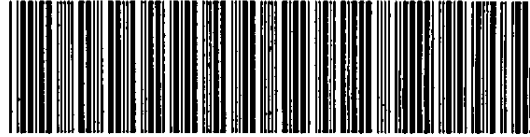
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 MAR 22 PM 4: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAR 28 2016
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Westbury D One Inc.
Name of Corporation

DOCUMENT NUMBER: P10000100092

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
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

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: Westaway D Inc, Inc.
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: 2/16/2010 Document number: PI 0000100092
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)

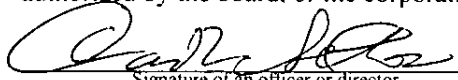
David N. Sexton
824 5th Avenue S. #106
Naples, FL 34102

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

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

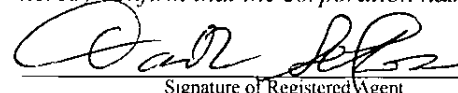
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

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.


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.


Signature of Registered Agent

3-16-16
Date

If signing on behalf of an entity:

David N. Sexton
Typed or Printed Name

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

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TALLAHASSEE, FLORIDA

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