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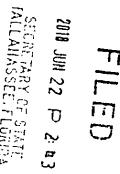
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COVER LETTER

Amendment Section

Division of Corporations
SUBJECT: Westbury Cove Lane Two Troc. Name of Corporation
DOCUMENT NUMBER: 7/000/10096
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 Cox Lane Two Tax. Firm/Company
2385 Tower De. Address
Maples JL 34164 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 Full er at (239) 687 - 5830 Name of Contact Person Area Code & Daytime Telephone Number
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, Flori statement of change is submitted for a corporation organized under the laws of the State	of Floor	<u>ida</u>	
in order to change its registered office or registered agent, or both, in the State	•	a.	
1. The name of the corporation: Westbury Cove Lane Two Tre	, •		 ·
2. The principal office address: 2385 Tower DR.			
Maples , FL 34104			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 12 16 2010 Document number: P	0006	100	296
The name and street address of the current registered agent and registered office on file Florida Department of State: (If resigned, enter resigned)	e with the	•	
Andrea Fuller			
4292 Corporate Sq. Ste. C.			
Maples FL 34104		2010	
6. The name and street address of the new registered agent (if changed) and /or registered (if changed): Andrea Fulca	RIGARY OF S	JUN 22 P	FILE
2385 Tower DR.	_일본	<u>ن</u>	
P.O. Box NOT acceptable Naples FL 34104	= €.7 त >> 	ū	
The street address of its registered office and the street address of the business office o as changed will be identical.	f its regis	itered a	gent,
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.	an officer	r so	
Indrea J. Fully Andrea Fuller Printed or typed name and	resider	T	
l 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 corformance of my duties, and I am familiar with and accept the obligation of my posity agent. Or, if this document is being filed merely to reflect a change in the registered of the confirm that the corporation has been notified in writing of this change.	omplete ion as re ffice addr	gistered ess, I	1
Andrea d. Fills 6-14-18 Signature of Registered Agent			
f signing on behalf of an entity:			
Andrea Fuller			
Typed or Printed Name			

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