## P1100000000014

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## **COVER LETTER**

Division of Corporations
SUBJECT: WBL (6 pital Inc. Name of Corporation
DOCUMENT NUMBER: P1100000 614
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  LiBL Capital Firm/Company
4292 Corporate Square Suite C
Naples PL 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 (239) L87-5830  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



March 2, 2016

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

SUBJECT: WBL CAPITAL, INC. Ref. Number: P11000000614

We have received your document for WBL CAPITAL, 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.

Letter Number: 616A00004364

Irene Albritton Regulatory Specialist II

www.sunbiz.org

## 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: Lift Capital Inc.
2. The principal office address: 4292 Corporate Square Suite C
Naples, FL 34104
3. The mailing address (if different): Some
4. Date of incorporation/qualification: 1/3/2011 Document number: P110000014
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 # 100
824 5th Avenue South # 106 Noples, FL 34/162  6. The name and street address of the new registered agent (if changed) and /or registered office.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
David N. Sexton  4292 Con orbite Suive Site C
4292 Corporate Square Suite C
Nagles, 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. Seyton President  Printed or typed name and little
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 Reguliered Agent 2-22-16 Date
If signing on behalf of an entity:
Dand 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