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SECRETARY OF STATE

C GOLDEN
JUN 2 5 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: WBL Capital, Inc. Name of Corporation
DOCUMENT NUMBER: P11010000614
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
WBL Capital Inc.
2385 Tower Dr. Address
Maples. EL 34164 City/State and Zip Code
Andrea. Fuller & westbury properties. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrea Full etc.  Name of Contact Person  at (239) 687-5830  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  Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 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.	
1. The name of the corporation: WBL Capital, Inc.	
2. The principal office address: 2385 Tower Dr.	
Maples, FL. 34104	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 1/3/2011 Document number: 1100000 6/4	_
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)	
Andrea Fuller	
- 4292 Consonute Su Ste. C. Ps =	
1 Cples FL 34104 PT 28 28 6. The name and street address of the new registered agent (if changed) and for registered office?	T
6. The name and street address of the new registered agent (if changed) and /or registered officery (if changed):	
- Andrea Fuler 98 2	
2385 Tower Dr.  PO. Box NOT acceptable	
Maples, 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.	
Andrea Fuller Andrea Fuller 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.	
Andrea S. Filler 6-13-18 Signature of Registered Agent Date	
If signing on behalf of an entity:	
Andrea Fuller Typed or Printed Name	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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