P11000057580

(Requestor's Name)
(Address)
(Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



700282627597





MAR 1 4 2016 I ALBRITTON

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Westbury Services Inc. Name of Corporation		
DOCUMENT NUMBER: P1100057580		
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 7 Jestra, par Services Two		
Jirm/Company		
Westerny Serices, Inc. 4292 Coxporate Sp. Suite C		
Naples, FL 34104 City/State and Zip Code		
Undrea. Suler à westbury properties. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Andrea Files 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 Street Address: Amendment Section		

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building



March 2, 2016

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

SUBJECT: WESTBURY SERVICES, INC.

Ref. Number: P11000057580

We have received your document for WESTBURY SERVICES, 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: 316A00004372

Irene Albritton Regulatory Specialist II

www.sunbiz.org

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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: Westmany Derices, Inc.
2. The principal office address: 4292 Corporate Square Suite C
Naples, FL 34104
3. The mailing address (if different): Scme
4. Date of incorporation/qualification: 4/21/2011 Document number: P 11 000057580
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 M. Sexton
824 54 Avenue S. #106
Napks, PL 34102
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
David N. Section
4292 Corporate Sq. Suite C
Naples, PL 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.
authorized by the board, or the corporation has been notified in writing of the change.
X Signature of an officer of director Signature of an officer of director Dand N. Section, 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 Date
If signing on behalf of an entity:
David N. Senton Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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