## P1000657580

(Requestor's Name)
(Address)
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(Business Entity Name)
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## **COVER LETTER**

Division of Corporations
SUBJECT: Ukolbuny Senices Inc.  Name of Corporation
DOCUMENT NUMBER: 71060057580
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 Services, Inc.
2385 Tower Dp. Address
Maples Tu 34104 Chy/State and Zip Code
andrea. Fuller a westbury properties. Com 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
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (03/12)

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section

## 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.  in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Westbury Services Inc.
2. The principal office address: 2385 Tower Dr.
Maples FL 34104
3. The mailing address (if different): Same
4. Date of incorporation/qualification: <u>6/21/2011</u> Document number: <u>71/00057588</u>
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 Corporate Sq. Ste. C.
Manles FL 34104 -
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Andrea Fulez  P.O. Box NOT acceptable  1 Apples 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.
Indrea L. Fuller Andrea Fuller President Signature of an officer or director 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
If signing on behalf of an entity:
Andrea Euller

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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