P1100010498

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: WBLH Try. Name of Corporation
DOCUMENT NUMBER: P11 000 106498
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
WBLH Jrc. Film/Company
1385 Tower Drive. Address Maples FL 34104 City/State and Zip Code
Maples FL 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 (234) 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 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

statement of change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: WBLH Inc.
2. The principal office address: 2385 Tower De.
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/16/2611 Document number: P11 600 166498
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 Square Ste. C.
Maples, EL 34104
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Andrea Fuller
2385 Triber Dr.
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.
Signature of an officer or director Printed or typed name and utile
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 L. Friller 6-14-18 Signature of Registered Agent Date
If signing on behalf of an entity:
Andrea L. 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
CR2E045 (03/12)

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