

PI2000038081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

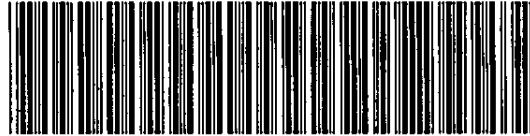
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200282627472

200282627472
03/01/16--01005--005 **35.00

FILED
2016 MAR 14 PM 12:53
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

R0/chg

MAR 14 2016
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Paget Ventures Inc.
Name of Corporation

DOCUMENT NUMBER: P 12 006038081

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

Paget Ventures
Firm/Company

4292 Corporate Sq. Suite C
Address

Naples, FL 34104
City/State and Zip Code

Andrea.Fuller@westburyproperties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Fuller 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
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2016

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

SUBJECT: PAGET VENTURES, INC.
Ref. Number: P12000038081

We have received your document for PAGET VENTURES, 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 submit/complete 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.

Irene Albritton
Regulatory Specialist II

Letter Number: 216A00004363

**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: Paget Ventures, Inc.
2. The principal office address: 4292 Corporate Square Suite C
Naples, FL 34104
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 4/23/2012 Document number: P12 0066 3881

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 Sexton
824 5th Avenue S. #106
Naples FL 34102

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

David Sexton
4292 Corporate Square Suite C
P.O. Box NOT acceptable
Naples, FL 34104

FILED
2012 MAR 19 PM 12:53
TALLAHASSEE, FLORIDA

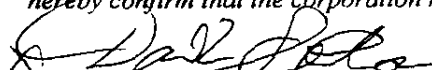
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 Sexton, President
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

2-22-16
Date

If signing on behalf of an entity:

David 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