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TO: Amendment Section Division of Corporations
SUBJECT: WB Lending Inc. Name of Corporation
DOCUMENT NUMBER: <u>P14006072322</u>
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
WB Lending Inc. Firm/Company
2385 Tower Drive
1) aples FL 34164 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 Fullee at (239) 187-5830 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

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: WB Lending, Tric.
2. The principal office address: 2385 Tower Drive 1 April 19 104
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 8/29/14 Document number: P14 0000 7236
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 Corpoente Square Ste.C.
1) aples, PL 34104
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Andrea Fuller =
P.O. Box NOT acceptable P.O. Box NOT acceptable Taples, FL 34104
P.O. Box NOT acceptable
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 sauthorized by the board, or the corporation has been notified in writing of the change.
Undrea S. Fuller President Signature of an officer or director Andrea L. Fuller 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.
Andrea L. Fuller 6-14-18 Signature of Registered Agent Date
If signing on behalf of an entity:
Andrea L. Flellea 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 * * *