P 15000004668

| (Re | equestor's Name) | | | |
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| (Ad | dress) · | · | | |
| (Ad | dress) | · · · | | |
| (Cit | ry/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: Wemett Enterprises Inc

Name of Corporation

DOCUMENT NUMBER: P15000004608

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:

Thomas Wemett

Name of Contact Person

Firm/Company

10242 NW 47th Street - Suite #33

Address

Sunrise, FI 33351

City/State and Zip Code

tom@tomwemett.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Wemett

,,518 524-88

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 cha | unge is submitted for a corporation or | 0502, 607.1508, or 617.1508, Florida $\mathfrak S$ ganized under the laws of the State of $\mathfrak S$ gistered agent, or both, in the State of $\mathfrak F$ | Florida | |
|---|--|--|---------------------|--|
| 1. The name of | the corporation: Wemett Enterp | rises Inc | | |
| | | Street - Suite #33, Sunrise, | FL 33351 | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incor | poration/qualification: 01/14/201 | 5Document number: P1500 | 0004608 | |
| | d street address of the current register rtment of State: (If resigned, enter res | ed agent and registered office on file wi | ith the | |
| | Wemett, Thomas W | | | |
| | 235 E Commercial Blvd - Suite #208 | | | |
| | Lauderdale By The Sea, F | L 33308 | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | | |
| | Wemett, Thomas W | | | |
| | 10242 NW 47th Street - Suite #33 | | | |
| | P.O. Box Sunrise, FL 33351 | NOT acceptable | FL0 | |
| The street addreas changed will | ess of its registered office and the str | reet address of the business office of its | s registered agent, | |
| 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. | | | | |
| | us well with the state of the s | Thomas Wemett, Presid | | |
| I hereby accept | the appointment as registered agent | •• | | |
| Thans | mature of Registered Agent | November 10, 2015 | | |
| J | chalf of an entity: | Date | | |
| Thomas Wo | emett yped or Printed Name | | | |
| •. | , c · · · · · · · · · · · · · · · · | | | |

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 * * *