

PI50000041429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

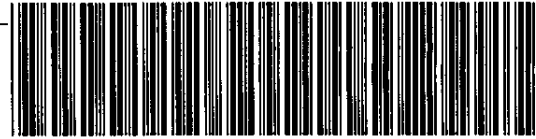
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400293720554

01/03/17--01026--012 \*\*35.00

2017 JAN -3

PM 12:38

FILED

R O/ch8

JAN 05 2017

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WC DEALER SERVICES INC.

Name of Corporation

**DOCUMENT NUMBER:** P15000041429

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:

DANA CHILDERS

Name of Contact Person

WC DEALER SERVICES INC.

Firm/Company

P.O.BOX 2188

Address

EAGLE LAKE, FL.33839

City/State and Zip Code

danakwh@gmail.com

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

For further information concerning this matter, please call:

DANA CHILDERS

Name of Contact Person

at ( 407 ) 404-9410

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

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.

- REG. AGENT: Dana Childers 1800 3rd St SW Winter Haven, FL. 33880

- REG. AGENT: Dana Childers 3418 Recker Hwy. Winter Haven, FL.33880

P.O. Box NOT acceptable

Signature of an officer or director

Printed or typed name and title

Signature of Registered Agent

Date \_\_\_\_\_

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)