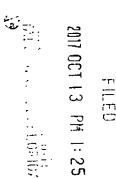
## P1700034518

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to Filing Officer:		
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----C. GOLDEN OCT 1 6 2017

## **COVER LETTER**

**Division of Corporations** WES HOLDINGS FIRM INC SUBJECT: Name of Corporation P17000034518 DOCUMENT NUMBER: 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: NATHANIEL MITCHELL, SR Name of Contact Person WES HOLDINGS FIRM INC Firm/Company 6220 S. ORANGE BLOSSOM TRAIL - SUITE 500 Address ORLANDO, FL 32809 City/State and Zip Code NPMITCHELL66@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407 715 - 0334) Area Code & Daytime Telephone Number NATHANIEL MITCHELL, SR Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address: Amendment Section **Amendment Section** 

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FLORIDA registered agent, or both, in the State of Florida.	_
1. The name of t	he corporation: WES HOLDIN	NGS FIRM INC	
	office address: 6220 S. ORA OO, FL 32809	NGE BLOSSOM TRAIL - SUITE 500	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 04/14/20	Document number: P17000034518	
	I street address of the current regist timent of State: (If resigned, enter r	ered agent and registered office on file with the esigned)	
	WESLEY MITCHELL		
	6220 S. ORANGE BLO	SSOM TRAIL - SUITE 163	
	ORLANDO, FL 32809	000 	
6220 S. ORANGE BLOSSOM TRAIL - SUITE 163  ORLANDO, FL 32809  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			FILED
	NATHANIEL MITCHELI	L, SR	
		SSOM TRAIL - SUITE 500	
	ORLANDO, FL 32809	ox NOΓ acceptable	
The street addre	ess of its registered office and the be identical.	street address of the business office of its registered ag	ent,
Such change we authorized by the	s authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an officer so seen notified in writing of the change.	
Malle	1	NATHANIEL MITCHELL, SR	_
I hereby accept I further agree to performance of agent. Or, if the	to comply with the provisions of a my duties, and I am familiar with	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.	
HIN		OCTOBER 11, 2017	
Sign	nature of Registered Agent	Date	_
If signing on be	half of an entity:		
	yped or Printed Name		

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