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(Requesto	r's Name)	
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PICK-UP	WAIT MAIL	
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Certified Copies	Certificates of Status	
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TO:	Amendment Section Division of Corporations	, °
SUBJ Name	ECT: W2DS INC of Corporation	
DOC	UMENT NUMBER: P20000042521	
The er	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
James Name	Lindsey of Contact Person	
W2DS		
532 N Addre	W Mercantile Pl Unit 111	
Port St City/S	t Lucie FL 34986 tate and Zip Code	
O11,7 Z	james@speedvacservice.com	
E-mai	il address: (to be used for future annual	l report notification)
For fu	rther information concerning this matter, p	please call:
James	Lindsey	at (772) 871 1560 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

$^{\circ}$ 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, Florid 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	of Florida
in order to change its registered office or registered agent, or both, in the state of	y rioriaa.
1. The name of the corporation: W2DS INC	
2. The principal office address: 532 NW Mercantile Pl Unit #111 Port St Lucie FL 34986	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 06/05/2020 Document number: P2000	0042521
5. The name and street address of the current registered agent and registered office on file Florida Department of State: (If resigned, enter resigned)	with the
James Nichols	
11 Zinnia Trail	
Palm Coast FL 32164	
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):	ယ်
James Lindsey	AH 10: 07
532 NW Mercantile Pl Unit #111_	0.
P.O. Box NOT acceptable	
Port St Lucie FL 34986	
The street address of its registered office and the street address of the business office of as changed will be identical.	f its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.	an officer so
Signature of an officer or director Signature of an officer or director Signature of an officer or director Printed or typed name ar	nd 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 coff my duties, and I am familiar with and accept the obligation of my position as registed document is being filed merely to reflect a change in the registered office address, I he corporation has been notified in writing of this change.	complete performance cred agent. Or, if this reby confirm that the
11/20/2020	
Signature of Registered Agent 11/30/2020 Date	
If signing on behalf of an entity:	
James Lindsey, W2DS INC 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