

P22000088557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

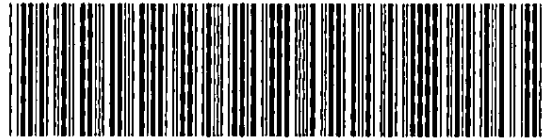
(Business Entity Name)

(Document Number)

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RA & RO Change

11/30/23--01005--021 **35.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WHELAN ENTERPRISES WMW, INC.
Name of Corporation

DOCUMENT NUMBER: P22000088557

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:

MARK G. SHUB, ESQ.

Name of Contact Person

SHUB & ASSOCIATES, P.C.

Firm/Company

696 SMITH NECK ROAD

Address

DARTMOUTH, MA 02748

City/State and Zip Code

MSHUB@LSLAWFIRM.COM

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

For further information concerning this matter, please call:

MARK G. SHUB, ESQ.

Name of Contact Person

at (617) 367-0333

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2023

MARK G. SHUB, ESQ.
SHUB & ASSOCIATES, P.C.
696 SMITH NECK ROAD
DARTMOUTH, MA 02748

SUBJECT: WHELAN ENTERPRISES WMW, INC.
Ref. Number: P22000088557

We have received your document for WHELAN ENTERPRISES WMW, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

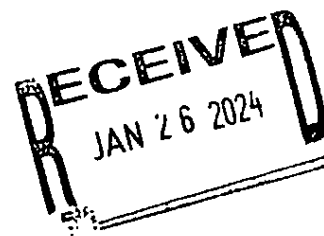
The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 723A00029265



**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: WHELAN ENTERPRISES WMW, INC.
2. The principal office address: 3955 MERLIN DRIVE, KISSIMMEE, FL 34741
3. The mailing address (if different): 70 N 2ND STREET, NEW BEDFORD, MA 02740
4. Date of incorporation/qualification: 11/28/2022- EFF 1/1/23 Document number: P22000088557
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)

MCCLAND LAW, PA

241 RUBY AVENUE, SUITE C

KISSIMMEE, FL 34741

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARK G. SHUB

73 S RIVER RD.

P.O. Box NOT acceptable

STUART, FL 34996

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 so authorized by the board, or the corporation has been notified in writing of the change.

William M. White

Signature of an officer or director

WILLIAM M WHELAN

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.

Signature of Registered Agent

11/13/2023

Date _____

If signing on behalf of an entity:

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
CR2E045 (04/13)