

Westray Group
Requestor's Name

4390 Inneson Rd.
Address

Jax. IL 32219
City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

P94000018371

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 27 PM 12:33

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-10/27/97-01143-010
****140.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

10-29-97

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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: WESTRAY, INC.

2. The mailing address of the corporation is: 4390 IMESON ROAD, JACKSONVILLE, FL 32219

3. Date of incorporation/qualification: 3 MARCH 1994 Document number: P94000018371

4. The name and address of the current registered agent and office:

CONSTANTINE VARELAS - SECRETARY
542 GULF STREAM CIRCLE, NORTH
ORANGE PARK, FLORIDA 32073

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

EFSTATHIOS PAPPADIS
11927 BLUE SPRUCE COURT
JACKSONVILLE, FLORIDA 32223

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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

Nicholas P. Pappadis, CHAIRMAN
(Signature of an officer, chairman or vice chairman of the board)

9-17-97
(Date)

NICHOLAS P. PAPPADIS
(Printed or typed name and title)

9-17-97
(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

EF Pappadis
(Signature of Registered Agent)

9-17-97
(Date)

If signing on behalf of an entity:

EFSTATHIOS PAPPADIS
(Typed or Printed Name)

Secretary
(Capacity)