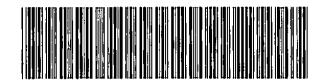
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: WESTEC FINANCIAL CORPORATION Name of Corporation					
DOCUMENT NUMBER: P94000033376					
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:				
Damaso W. Saavedra					
Name of Contact Person					
Saavedra-Goodwin					
Firm/Company					
888 S.E 3rd Avenue, Suite 500					
Address					
Fort Lauderdale, Florida 33316					
City/State and Zip Code					
dpazo@saavław.com					
E-mail address: (to be used for future annual repor	t notification)				
For further information concerning this matter, please of	call:				
Deanna Pazo	at (954)767-6333 Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Depart	ment of State.				
Mailing Address: Amendment Section	Street Address: Amendment Section				

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of ch	provisions of sections 607.0502, 617.050 ange is submitted for a corporation orga er to change its registered office or regist	nized under the laws of the S	tate of Florida	
	the corporation: WESTEC FINANCIAL of office address: 7901 SW 6TH CT140PLA			
3. The mailing	address (if different): 267 SUMMIT LED	GES LANEBANNER ELK. N	C 28604	
	poration/qualification: 05/03/1994		94000033376	
	d street address of the current registered artment of State: (If resigned, enter resign		a file with the	
	Saavedra-Goodwin			
	312 S.E. 17th Street 2nd floor Ft. Laudere	dale, FL 33316		
6. The name an (if changed):	d street address of the new registered age	ent (if changed) and /or regist	tered office	2021 AHC 25
	Saavedra, Damaso W, ESQ			·
	888 S.E 3rd Avenue, Suite 500			
	P.O.Bo Fort Lauderdale, Florida 33316	NOT acceptable	STATE	•
Such change was authorized by	ess of its registered office and the street befidentical. Is authorized by resolution duly adopte to be and the street before the corporation has been not be another or director.			
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as registered agent at to comply with the provisions of all sta and I antifumiliar with and accept the oh ing filedimerely to reflect a change in the s been hatified in writing of this change mature it tagstered Agent	nd agree to act in this capac tutes relative to the proper of ligation of my position as re he registered office address, 	city. md complete per egistered agent. I hereby confirn	formance Or, if this n that the
If signing on bo	chalf of an entity:			
7	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)