## P9600001807/

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
•	,	,		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

10-9900



700137115217

10/24/08--01004--014 \*\*35.00

SECRETARY OF STATE

909 OCT 24 AM 8: 31

Acceptance

## **COVER LETTER**

TO: Amendme Division o	nt Section f Corporations			
SUBJECT:	WILRITE, INC. (Name of C	corporation)		
	DOCOCOS COST	•		
	MBER: P96000018071	<del></del>		
The enclosed State	ement of Change of Registered Offic	e/Agent and fee are submitted for filing.		
Please return all co	orrespondence concerning this matter	r to the following:		
	CPAVIAN R W	TIIC		
(Name of Contact Person)				
		,		
	•			
•	(Firm/Co	ompany)		
_		rlos Blvd., Unit Bl		
_	(Add	ress)		
	Fort Myers B	each, FL 33931		
(City/State and Zip Code)				
For further inform	ation concerning this matter, please of	call:		
GRAYLAN B.	WILLS ame of Contact Person)	at ( 239 ) 482–1947 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.	00 check made payable to the Depart	tment of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## 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, to 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 Florida.		
1. The name of the corporation: WILRITE, INC.		
2. The principal office address: 17105 San Carlos Blvd., Unit Bl Fort Myers Beach, FL 33931		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 02/26/1996 Document number: P96000018071		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: ROBYN W. WILLS		
17105 San Carlos Blvd. #B01		
Fort Myers, FL 33931 %	a B	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	12 L30 (18)	E STATE
GRAYLAN B. WILLS	R 🚘	4
17105 San Carlos Blvd., Unit Bl	ို့ ထု	
(P.O. Box NOT acceptable)  Fort Myers, Beach, FL 33931	<u> 3</u>	
The street address of its registered office and the street address of the business office of its register as changed will be identical.	red agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an officer s authorized by the board, or the corporation has been notified in writing of the change.	O	
GRAYLAN B. WILLS PRESIDENT (Printed or typed name and title)	<u>vr</u>	
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 per of my duties, and I am familiar with and accept the obligation of my position as registered agent, document is being filed merely to reflect a change in the registered office address, I hereby confirmation has been notified in writing of this change.	rformance Or, if this m that the	
Duy B Wills AUGUST 2008		
(Signature of Registered Agent) (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 (8/05)