200	7 OHIFONIA DOS		ni (ODN)		
DOCUMENT # P9800059507 1. Entity Name WESTCO REALTY, INC.				P98000059507	
WESTU	O REALTY, ING.			0 050 t 0 4M 10 t l 1	
Principal Plac	ce of Business	Mailing Address		01 SEP 10 AM 10: 40	
3125 SW MAPP ROAD 3125 SW MAPP ROAD PALM CITY FL 34990 PALM CITY FL 34990				SECRETARY OF STAT TALLAHASSEE, FEORI	
	·			E RECENTAR AND HADE LIGHT ON THE BUILD OF THE PROPERTY OF THE	
2. Principal Place of Business		3. Malling Address		T ROUGH BUT TO A FAME DOWN BEAM BOOM BOOM OF THE BUT A FAME A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-0857298 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent	
16200	OT ODIAN		Name		
WEST, BRIAN 3125 SW MAPP ROAD			Street Addre	ess (P.O. Box Number is Not Acceptable)	
	M CITY FL 34990				
			City	FL Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or reg	gistered agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered agent a	delta danafankia (AVITC)		rousfeed when reineasing) DATE	
			Registered Agent algorature re-	drawd wuou (eudersisch)	
			! FEE IS \$150.00 I Fee will be \$550. e to Department of		
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	WEST, BRIAN 3125 SW MAPP ROAD PALM CITY FL 34990	☐ Delate	TITLE HAME STREET ACCRESS CITY-ST-ZIP	Change Addition Change Addition Change Addition	
DITUE NAME STREET ADDRESS	THUM DITTE SHEET	☐ Osista	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition B	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-28P		· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ take □ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
13. I hereby of indicated of the corp changed.	on this report or supplemental report is to poration or the receiver or trustee empor or on an attachment with an address, w	his filing does not qualify for to true and accurate and that my wered to execute this report a tith all other like empowered.	he exemption stated in signature shall have to signatured by Chapter	n Section 119.07(3)(i), Florida Statutes, I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	

September 1