P98000093Z33

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(r.u	ureas)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
/Bu	siness Entity Nar	ne)
(-		··- ,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500054675635

RA Change
T. lewis



05/23/05--01014--022 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: WM20 Development Curporation (Name of corporation)
DOCUMENT NUMBER: P98 000093233
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:
James J Ward III (Name of contact person)
(Firm/Company)
PO BOX 2405
Palm Beach Fronda 33400 (City/state and zip code)
For further information concerning this matter, please call:
(Name of contact person) at (SQ) SUS 7660 X/0 (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 409 E. Gaines Street Tallahassee, FL 32399

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	
in order to change its registered office or registered agent, or both, in the State of Florida.	
as land Maldalaman to Caron and	
1. The name of the corporation: Ward Veverplus IT Colporation	_
2. The principal office address:	
Valm BEAZH Parida 33480	
3. The mailing address (if different):	
11/2/06 20009323	
4. Date of incorporation/qualification: 1113195 Document number: 1710001333	_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
TOARD MERRILL Cullis Timm Furen: Ginst)U
2033 Main Street Suite 600	
CART COTO 14 34227 - 19 3	
6. The name and street address of the new registered agent (if changed) and /or registered office	
(if changed):	
Peter S. Dronerg	
223 Perusian armie = 5	
(P.O. Box NOT acceptable)	
Falm Bract Fr 33480	
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.	
(Signature of an officer or director) (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.	
4.79.00 A.79.00	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	

* * * FILING FEE: \$35.00 * * *