341200

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COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Westbury Pelican Bay, Frac. Name of Corporation					
DOCUMENT NUMBER: 541200					
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:					
Andrea Fuler Name of Contact Person Westburg Pelican Bay, Inc. Firm/Company					
2385 Tower DR. Address					
Maples JL 34104 City/State and Zip Code					
Andrea Fuller @ westbury properties. Com E-mail address: (to be used for future admual report notification)					
For further information concerning this matter, please call:					
Andrea Fuller at (239) 1687 - 5830 Name of Contact Person 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 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 pi statement of chan in order	ge is submitted	l for a corpora	ation organized		s of the State of	Florida
I. The name of th	e corporation:	Westbu	ung Peli	can Ba	I Fox.	
2. The principal of			. J		ر ر 	
23	385 To	wer	De.	naples	,FL.	34104
3. The mailing ad			une		7.	
4. Date of incorpo	oration/qualific	ation: <u>3</u> 20	0 1991	Document n	umber: <u>54</u>	1200
5. The name and s Florida Departs				t and registered	l office on file	with the
_		Andrea	Fuller	ح		_
-			Conporción FL	•	Str.C.	- 2018 - 71
6. The name and s (if changed):	street address o	0 .	istered agent (i		/or registered of SEC. FL	
-		2385	Tower P.O. Box NOT acce	DR.	UKIDA	- \$ - \overline{\overli
		Plaph	es, FL	34164	<u>l</u>	-
The street address as changed will b	s of its register e identical.	ed office and	the street add	ress of the busi	ness office of	its registered agent,
Such change was authorized by the	authorized by board, or the	resolution du corporation h	ly adopted by as been notific	its board of dir d in writing of	ectors or by ar the change.	officer so
indrea d	· Fulle			Andrea	Fuller	President
Signature I hereby accept the further agree to performance of magent. Or, if this hereby confirm the	of an officer of dire he appointmen comply with t y duties, and i document is b aut the corpora	t as revistere	d agent and as of all statutes with and acce rely to reflect i notified in w	Printed gree to act in the relative to the pt the obligation a change in the riting of this ch	or typed name and this capacity, proper and common of my position registered officinge.	mplete in as registered ice address, I
andrea 3	L_ Jull ture of Registered A	gent		lo-1	2-18 Date	
If signing on beha	alf of an entity	:				
Andrea Type	L Tull ed or Printed Name	er_				

* * * FILING FEE: \$35,00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314