

A08000000021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

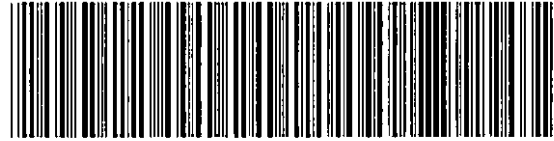
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STATE OF TEXAS  
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A BUTLER

OCT 21 2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 064010 8379714

AUTHORIZATION :

*Signature*

COST LIMIT : \$ 35.00

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ORDER DATE : October 20, 2022

ORDER TIME : 1:44 PM

ORDER NO. : 064010-005

CUSTOMER NO: 8379714  
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CHANGE OF AGENT

NAME: 2040 NORTH BAY ROAD, LLLP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. 2040 NORTH BAY ROAD, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/07/2008 Date of filing/registration in Florida

3. A0800000021 Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T CORPORATION SYSTEM  
Name

1200 SOUTH PINE ISLAND ROAD  
Address

PLANTATION, FL 33324  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company  
Name

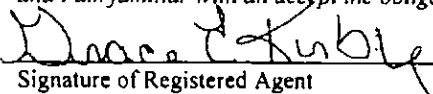
1201 Hays Street  
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

 Joseph G. Beard, President on behalf of  
Signature of General Partner Westdale 2040, INC., General Partner

*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 obligations of my position as registered agent.*

 Grace E. Kirby, Asst Vice President  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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DEPT. OF STATE  
TALLAHASSEE, FL