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05/26/05--01017--013 **25.00

DR. EDWARD W. HALPREN
14271 METROPOLIS AVE.
UNIT B
FORT MYERS, FL 33912

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: WESTCOAST, LLC

2. The mailing address of the limited liability company is: 13891 BLENHEIM TRAIL, FORT MYERS, FL 33908

2-03-04	L04000009188
3. Date of filing/registration in Florida	4. Document number

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

CORPORATION SERVICE COMPANY
Name
1201 HAYS ST.
Address
TALLAHASSEE, FL 32301
City, State and Zip

6. The name and address of the new registered agent and/or office:

SCOTT WEINSTEIN, ESQ
Name
2400 FIRST ST., SUITE 303
Florida street address (P.O. Box NOT acceptable)
FORT MYERS, FL 33901
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

EDWARD W HALPREN
(Printed or typed name of signee)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: $25.00

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