

A090000000494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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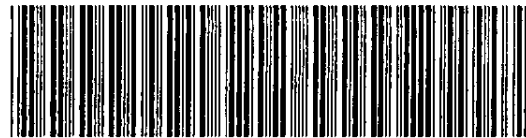
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY - 9 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WESTMONT PARK PARTNERS, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A09000000494

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ROBERT G. HOSKINS

Contact Person

NUROCK COMPANIES

Firm/Company

3460 PRESTON RIDGE ROAD #175

Address

ALPHARETTA, GA 30005

City, State and Zip Code

RHOSKINS@NUROCK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON YARNALL

Name of Contact Person

at ( 678 )

297-3408

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

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**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. WESTMONT PARK PARTNERS, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 7/13/2009 3. A09000000494  
Date of filing/registration in Florida 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:

JOHN F. WEIR  
Name

8380 RESOURCE DRIVE SUITE 1  
Address

W. PALM BEACH, FL 33405  
City, State and Zip

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

CT CORPORATION  
Name

1200 SOUTH PINE ISLAND ROAD  
Florida street address (P.O. Box not acceptable)

PLANTATION FL 33324  
City, State and Zip

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

[Signature]  
Signature of 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.*

CT Corporation  
Signature of Registered Agent

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

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