

# A13000000521

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 814325 7569274

AUTHORIZATION :

COST LIMIT : \$ 35.00/

ORDER DATE : September 19, 2013

ORDER TIME : 11:06 AM

ORDER NO. : 814325-010

CUSTOMER NO: 7569274

CHANGE OF AGENT

NAME: CHARLOTTE VA HEALTHCARE WEH LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight -- EXT# 52956

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. Charlotte VA Healthcare WEH LP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 9/17/13  
Date of filing/registration in Florida

3. A13000000521  
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:

Warren E. Halle  
Name  
379 Regatta Drive  
Address  
Jupiter, FL 33477  
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.

WEH ASSOCIATES, INC.  
Signature of General Partner By: Warren E. Halle  
President

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.

Corporation Service Company  
Signature of Registered Agent

**Sue G. Knight**  
Assistant Vice President

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

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