

BA0000000330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

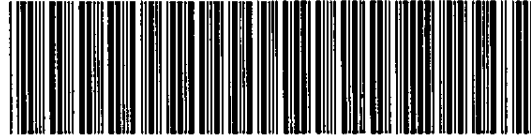
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 11 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WESTPORT HOLDINGS TAMPA, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B00000000330

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:

DANE STARBUCK

Contact Person

Firm/Company

PO BOX 501188

Address

INDIANAPOLIS, IN 46250

City, State and Zip Code

dstarbuck@libertyfund.org

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

For further information concerning this matter, please call:

DANE STARBUCK

Name of Contact Person

at ( 317 )

Area Code and Daytime Telephone Number

806-677

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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. WESTPORT HOLDINGS TAMPA, LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 10/31/2000 3. B00000000330  
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:

LAWRENCE L. LANDRY  
Name  
11360 NORTH JOG ROAD  
Address  
PALM BEACH GARDENS, FL 33418  
City, State and Zip

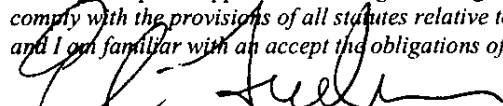
5. The name and Florida street address of the new registered agent and/or office:

IMH HEALTH CARE, LLC - ELI FREIDEN  
Name  
7000 W CAMINO REAL, SUITE 240  
Florida street address (P.O. Box not acceptable)  
BOCA RATON FL 33433  
City, State and Zip

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

  
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.*

  
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA

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