

B00 000000 332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 11 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WESTPORT HOLDING TAMPA II, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B00000000332

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)

806-677

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

2015 SEP 10 P 1:33
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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 II, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/31/2000 3. B00000000332
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

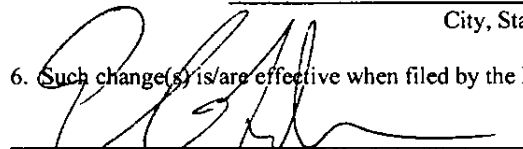
5. The name and Florida street address of the new registered agent and/or office:

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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