## F1200000 1617

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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JAN 22 2021 LALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: November 30, 2020

Order#: 510558-003

Re: WEST COAST MOBILE HOME PARKS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 $\overline{XX}$  Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX\_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Baronie c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Sta organized under the laws of the State of <u>Ce</u> registered agent, or both, in the State of Flor	alifomia
1. The name of t	he corporation: WEST COAST MO	OBILE HOME PARKS, INC.	
		Suite G, South San Francisco, CA 94080	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: April 17, 20	Document number: F1200000	1617
	I street address of the current registement of State: (If resigned, enter a	tered agent and registered office on file with resigned)	the
	Capitol Corporate Services, Inc.	. <u> </u>	
	515 Wast Park Avenue, 2nd Flo	por	r <u>~</u> ;
	Tallahassee	FL 32301	2029 DEC
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered office	e 1
	Corporation Service Company		#ii 9:
	1201 Hays Street		39
		P.O. Box NOT acceptable	_
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the be identical.	street address of the business office of its r	registered agent,
Such change was authorized by the	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an of een notified in writing of the change.	ficer so
(	Ria & Comis	Jill Cilmi	Vice Presdent
Signatu	e of an officer or director	Printed or typed name and title	
of my duties, an document is beil corporation has	The appointment as registered ag to comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this co n Service Company	tent and agree to act in this capacity, all statutes relative to the proper and complete to the proper and complete obligation of my position as registered as in the registered office address, I hereby hange.	lete performance agent. Or, if this confirm that the
By: Lindrey M Barones		11/30/2020	
() <u>Sigi</u>	nature of Registered Agent ronie, Asst. Vice President	Date	
If signing on be	half of an entity:		
ту	yped or Printed Name * * * FILIN	- NG FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)