100000003249

(Requestor's Name) . (Address)	500139
(Address)	. 300133
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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JAN - 6 2009

EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: West Point Underwriters (Name o	s, LLC of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Cori Jerger (Name of Person)		
West Point Underwriters, LLC (Firm/Company)		
7785 66th Street North (Address)		
Pinellas Park, FL. 33781 (City/State and Zip Code)		
For further information concerning this matter	er, please call:	
Katie Chesnutt (Name of Person)	at (727) 507-7565 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: West Poi	nt Underwriters ,LL	<u>C</u>	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: 7785 66th Street No Pinellas Park, FL. 337	rth	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 326 Cornwall on Hudson,	NY.12520	
03/22/2000 3. Date of filing/registration in Florida	<u>L00000003249</u> 4. Document numbe	r	
5. (a) Registered Agent and Registered Office shown	on the records of the Flo	rida Dept. of State:	
Registered Agent:	Jerger, T. John	Jerger, T. John	
Registered Office Address:		1528 Lakeview Rd. Clearwater ,FL. 33756	
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office	address:	
NEW Registered Agent:			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7785 66th Street Nort	<u>th</u>	
	Pinellas Park	FL 33781	
If the limited liability company is not organized under that after the change or changes are made, the Florida soffice of the registered agent will be identical. Or, in thereby confirmed that the change(s) was/were authoriz liability company or as otherwise provided in the articl limited liability company.	street address of the regist he case of a Florida limite	tered office and the business	
(Signature of a member or authorized representative of a member) (Printed or typed name of signee)			
(Printed or typed name of signee) I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my post F.S. Or, it this document is being filed to merely reflect confirm that the limited liability company has been not	nd agree to act in this ca e proper and complete pe tion as registered agent a ct a change in the register ified in writing of this ch		
(Signature of Registered Agent) Division of Corporations, P.O. FILING 1	Box 6327, Tallahassee, I FEE: \$25.00	FL 32314	
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