## LOI 0000 3055

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PiCK-UP	☐ WAIT	MAIL
· ‹ (Bu	siness Entity Nar	ne)
· (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300162137013

12/11/09--01008--015 \*\*25.00

SECRETARY OF STATE TALL AHASSEE, FLORIDA

T. CLINE

DEC 14 2009

**EXAMINER** 



## Law Office of TIMOTHY C. SCHULER

**Timothy C. Schuler, Esq.**Board Certified - Real Estate

Lynn A. Brauer, Esq.

December 9, 2009

Secretary of State
Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, Florida 32314

Re: Westcoast Energy, LLC

Dear Sir/Madam:

Enclosed is an original Change of Registered Office and/or Agent for filing with your department, together with our check in the amount of \$25.00.

Please forward your acknowledgments of the change to the undersigned.

Sincerely yours,

Timothy C. Schuler

TCS/lh Enclosures

## 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 liabi	lity company: Westcoas	st Energy, LLC		_ =
2. (a) Principal office addre (Note: MUST BE S	ess of limited liability comp STREET ADDRESS)	pany: 9000 Sheridan Street Suite 130 Pembroke Pines, FL 33024		_
(b) Mailing address of li (Note: MAY BE PO	mited liability company: OST OFFICE BOX)	9000 Sheridan Street Suite 130 Pembroke Pines, FL 3302		- <b>0</b>
February 28, 2001		L01000003055		_
3. Date of filing/registration	in Florida	4. Document number		
5. (a) Registered Agent an	d Registered Office shown	on the records of the Florida	Dept. of State:	
Registered Agent:		Steven W. Deutsch, Esq.		<del>-</del>
Registered Office Ad	Idress:	c/o Frank, Weinberg & Bla 7805 SW 6th Court Plantation, FL 33324	ck, P.A. I.	
(b) Enter name of NEW	Registered Agent and/or N	NEW Registered Office add	in-	المائدة الم
<u>NEW</u> Registered Ag	ent:	Timothy C. Schuler	ress: FLORITE	^\√ _ <b>5</b>
<u>NEW</u> Registered Of (MUST BE FLORID	fice Address: DA STREET ADDRESS)	9075 Seminole Blvd.	3 P	_
-		Seminole	<b></b> ,FL <u>33772</u>	- -
that after the change or chan office of the registered agen hereby confirmed that the cl	ges are made, the Florida st t will be identical. Or, in the tange(s) was/were authorize wise provided in the article	he laws of the State of Florid treet address of the registered the case of a Florida limited lia ed by an affirmative vote of the es of organization or the oper	l office and the busing ability company, it is he members of the li	ness s imited

limited liability company

(Signature of a member or authorized representative of a member)

Clemente E. Cruz

(Printed or typed name of signee)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

<del>M</del>