## 10200031803

| (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: |  |  |  |  |
| i                                       |  |  |  |  |
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## COVER LETTER

| Registration Section    |  |  |  |
|-------------------------|--|--|--|
| Division of Corporation |  |  |  |
|                         |  |  |  |

| SUBJECT: WEST SHO                                                                                                                              | WEST SHORE REALTY INVESTMENTS, LLC                                                                      |                                      |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------|-------------|--|--|
| Name of Limited Liability Company                                                                                                              |                                                                                                         |                                      |             |  |  |
| Dear Sir or Madam:                                                                                                                             |                                                                                                         |                                      |             |  |  |
| The enclosed Registered Agent/Registered Off                                                                                                   | fice Change :                                                                                           | and fee(s) are submitted for filing. |             |  |  |
| Please return all correspondence concerning th                                                                                                 | is matter to                                                                                            | the following:                       |             |  |  |
| John A Contino                                                                                                                                 |                                                                                                         |                                      |             |  |  |
| Name of Person                                                                                                                                 |                                                                                                         |                                      |             |  |  |
| WestShore Realty Investments                                                                                                                   |                                                                                                         |                                      | 2010        |  |  |
| Firm/Company                                                                                                                                   |                                                                                                         |                                      | 2010 NOV 26 |  |  |
| 1459 Ridge Street                                                                                                                              |                                                                                                         |                                      | 26 F        |  |  |
| Address                                                                                                                                        |                                                                                                         |                                      | <u> </u>    |  |  |
| Plantation, FL 33324                                                                                                                           |                                                                                                         |                                      | l: 28       |  |  |
| City/State and Zip Code                                                                                                                        |                                                                                                         |                                      |             |  |  |
| wsomsbusiness@gmail.com                                                                                                                        |                                                                                                         |                                      |             |  |  |
| E-mail address: (to be used for future and                                                                                                     | nual report n                                                                                           | notification)                        |             |  |  |
| For further information concerning this matter                                                                                                 | , please call:                                                                                          | l:                                   |             |  |  |
| John Contino                                                                                                                                   | 239                                                                                                     | 263.7474                             |             |  |  |
| Name of Person                                                                                                                                 |                                                                                                         | Area Code & Daytime Telephone Nur    | mber        |  |  |
| 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                                                                                                          | g amount:                                                                                               |                                      |             |  |  |
| □ \$25 Filing Fee                                                                                                                              | 0                                                                                                       | \$55 Filing Fee & Certified Copy     |             |  |  |
| INHS18 (2/14)                                                                                                                                  |                                                                                                         |                                      |             |  |  |

)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. 8                               | lame of the limited liability company: West S                                                                                                                                                                                                                                                                  | hore Rea                                                | ilty Investments, LLC                                                                                                                                         |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. (a                              | )                                                                                                                                                                                                                                                                                                              | (b)                                                     | Mailing address of limited liability company:                                                                                                                 |
|                                    | Principal office address of limited liability company:<br>(Note: MUST BE STREET ADDRESS)                                                                                                                                                                                                                       |                                                         | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)                                                                                  |
|                                    | 1459 Ridge Street, #1                                                                                                                                                                                                                                                                                          |                                                         | 1459 Ridge Street, #1                                                                                                                                         |
|                                    | Naples, FL 34103                                                                                                                                                                                                                                                                                               |                                                         | Naples, FL 34103                                                                                                                                              |
|                                    | 11/26/2002                                                                                                                                                                                                                                                                                                     |                                                         | L02000031803                                                                                                                                                  |
| 3.                                 | Date of filing/registration in Florida                                                                                                                                                                                                                                                                         | 4.                                                      | Document number                                                                                                                                               |
| 5. (a                              | 1)                                                                                                                                                                                                                                                                                                             |                                                         |                                                                                                                                                               |
| ·                                  | Registered Agent and Registered Office shown on the records of                                                                                                                                                                                                                                                 | the Florida D                                           | Dept. of State:                                                                                                                                               |
|                                    | Zaks, Joseph D.                                                                                                                                                                                                                                                                                                |                                                         |                                                                                                                                                               |
|                                    | Registered Office Address (MUST BE FLORIDA STREET) 850 Park Shore Drive, Suite 300                                                                                                                                                                                                                             | <u>ADDRESS)</u>                                         |                                                                                                                                                               |
|                                    | - <u>-</u>                                                                                                                                                                                                                                                                                                     |                                                         |                                                                                                                                                               |
|                                    | Naples                                                                                                                                                                                                                                                                                                         | 34103                                                   |                                                                                                                                                               |
|                                    |                                                                                                                                                                                                                                                                                                                |                                                         | 28                                                                                                                                                            |
| (b                                 | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>                                                                                                                                                                                                                                         |                                                         |                                                                                                                                                               |
|                                    | Enter name of NEW Registered Agent and/or NEW Registered                                                                                                                                                                                                                                                       | Office addr                                             | ··•                                                                                                                                                           |
|                                    | John A. Contino                                                                                                                                                                                                                                                                                                |                                                         | ್ಲು<br>                                                                                                                                                       |
|                                    | NEW Registered Office Address:                                                                                                                                                                                                                                                                                 |                                                         |                                                                                                                                                               |
|                                    | 1459 Ridge Street                                                                                                                                                                                                                                                                                              |                                                         |                                                                                                                                                               |
|                                    | Nanlos                                                                                                                                                                                                                                                                                                         | 24402                                                   |                                                                                                                                                               |
|                                    | Naples                                                                                                                                                                                                                                                                                                         | 34 103                                                  |                                                                                                                                                               |
| the cl<br>agent<br>was/v           | limited liability company is not organized under the law<br>nange or changes are made, the Florida street address of<br>will be identical. Or, in the case of a Florida limited lia-<br>vere authorized by an affirmative vote of the members of<br>ticles of organization or the operating agreement of the   | the registe<br>ability com<br>of the limite             | ered office and the business office of the registered<br>ipany, it is hereby confirmed that the change(s)<br>ed liability company or as otherwise provided in |
| Sign                               | ature of a member or authorized representative of a member                                                                                                                                                                                                                                                     |                                                         | Printed or typed name of signee                                                                                                                               |
| provi<br>the of<br>to me<br>notifi | why accept the appointment as registered agent and agressions of all statues relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I is a family of this office address, I is a family of this office address. | ree to act in<br>performan<br>d for in Ch<br>hereby con | n this canacity. I further agree to comply with the                                                                                                           |