L05600 115541

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100254917951

12/27/13--01031--008 **630.00



COVER LETTER

Division of Corporations			
SUBJECT: Whitesail Lake, LLC	D		
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Leon N. Patricios			
Whitesail Lake, LLC			
312 Minorca Ave.			
Address			
Coral Gables, FL 33134 City/State and Zip Code			
lpatricios@zpwlaw.com			
E-mail address: (to be used for future annual report notific			
For further information concerning this matter, p			
Leon N. Patricios			
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

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. Na	me of the limited liability company: Whitesail Lake, LLC	
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 312 Minorca Ave Coral Gables, FL 33134
	(Noie: MUST BE STREET ADDRESS)	Gold Gabos. 7 E Go 164
(b)	Mailing address of limited liability company:	312 Minorca Ave
	(Note: MAY BE POST OFFICE BOX)	Coral Gables, FL 33134
	_	
12/02/20 3 Da	te of filing/registration in Florida	4. Document number
J. Da	te of mingregistration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
	Registered Agent:	David J. Winker
	•	0.00
	Registered Office Address:	312 Minorca Ave Coral Gables, FL 33134
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
	NEW Registered Agent:	Leon N. Patricios
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	312 Minorca Ave Coral Gables, FL 33134
	MUST BE I LURIDA BIRLLI ADDRESS	,FL
confir and th liabilit the me the op	limited liability company is not organized under the med that after the change or changes are made, the Fe business office of the registered agent will be idently company, it is hereby confirmed that the change(sembers of the limited liability company or as otherwerating agreement of the limited liability company.	lorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote of
Signatu	e of a member or authorized representative of a member	Els.
- 1	on N. Patricus	
Printed	or typed name of signee	ORRE TO 2
and I i Chapt addre.	by accept the appointment as registered agent and a with the provisions of all statutes relative to the proving a manification of the properties of the prop	agree to act in this capacity I further agree to
Digitalu	io or regionaled rigett	