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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2008

DANIEL E. JONAS 300-71ST ST. STE 405 MIAMI BEACH, FL 33141

SUBJECT: WESTPOINT ENTERPRISES, LLC

Ref. Number: L06000060198

Upon receipt of your letter and/or check(s) totaling \$55.00, no document found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 608A00049361

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Westpoint Enterprises, LLC	Cimited Liability Company)	· · · · · · · · · · · · · · · · · · ·	₽
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for fi	īling.	
Please return all correspondence concerning this	s matter to the following:		
Daniel E. Jonas			
(Name of Person)		•	
		FAE ZOOR	
Law Offices of Daniel E. Jonas, P.A.		CRE CRE	-
(Firm/Company)		2008 OCT -7 SECRETAR) TALLAHASS	-
300-71st St.,. Ste. 405, Miami Beach, FL 33141		EP 골	
, (Address)		7 PM 3: 03 Y OF STATE SEE. FLORID.	
		管元 3	
Miami Beach, Florida 33141		سرو	
(City/State and Zip Code)			
For further information concerning this matter,	nlease call:		
r or rarder information concerning and matter, p	picase can.		
	866-7621	f 1 \	
(Name of Person)	(Area Code & Daytime Telephone N	lumber)	
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 a	imount:		
☐ \$25 Filing Fee	☑ \$55 Filing Fee & Certified Copy	у	

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: Westpoint	Enterprises, LLC		•
 (a) Principal office address of limited liability compa (<u>Note: MUST BE STREET ADDRESS</u>) 	ny: 300-71st St., Ste. 405 Miami Beach, FL 33141		6
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	300-71st St., Ste. 405 Miami Beach, FL 33141	SECRETA	
06/13/2006	L06000060198	7 PM 3: RY OF STI	ED
3. Date of filing/registration in Florida5. (a) Registered Agent and Registered Office shown o	Document number the records of the Florida	종류 3	
Registered Agent:	Michael Ortiz		
Registered Office Address:	2121 Ponce de Leon Blvd Coral Gables, FL 33134	., Suite 330	i
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	EW Registered Office add	lress:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	300-71st St., Ste. 405		
	Miami Beach	",FL <u>33141</u>	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.	eet address of the registered case of a Florida limited lid by an affirmative vote of the	d office and the busine ability company, it is the members of the lim	ss iited
(Signature of a member or authorized representative of a member)			
DANIEL E. JONAS (Printed or typed name of signee)			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the am familial with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notif	d agree to act in this capaci proper and complete perfor on as registered agent as p a change in the registered of ied in writing of this chang	ity. I further agree to mance of my duties, ar rovided for in Chapter office address, I hereby e.	ıd I 608,

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)