## 106000112911

(Requestor's Name)
(Address)
(Address)
,
(Cit. (Chan. (7) - (D)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Contification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· ·

Office Use Only



500130968595

08 JUN 1 1 AM 8: 45
DIVISION OF CONFORMATIONS
TALL ATTASSEE, FLORIDA

RECEIVED NO.

TALLAHASSEE PORTE

B. KOHR

JUN 11 2008

**EXAMINER** 



ACCOUNT NO. : 07210000032
REFERENCE : 602253 7287317
AUTHORIZATION SELECTION COST LIMIT \$ 25.00
COST LIMIT \$ 25.00
COST LIMIT : \$ 25.00  ORDER DATE : June 9, 2008
ORDER TIME: 3:50 PM
ORDER NO. : 602253-005
CUSTOMER NO: 7287317
<u>CHANGE OF AGENT</u>
NAME: WESTCO LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Joyce Markley EXT# 2930
EXAMINER:

## 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. The name of the limited liability company is:	WESTCOLLC	
2. The mailing address of the limited liability con	mpany is: 20 Marshall Street, Suite 104,	
S. Norwalk, CT 06854		
11/22/2006	L06000112911	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown on the records of the	
	erie Gray	
	Name et South, Suite 300 ddress ourg, FL 33701 tate and Zip ent and/or office:  Service Company ame	
235 3rd Street South, Suite 300		
St. Petersburg, FL 33701		
City, S	tate and Zip	
6. The name and address of the new registered age	ent and/or office:	
Corporation S	Service Company	
1201 H	aine lays Street	
Florida street address (	P.O. Box NOT acceptable)	
Tallahassee	FL 32301	
	te and Zip	
and the business office of the registered agent will liability company, it is hereby confirmed that the conf	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited thange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization company.	
(Signature of a member or authorized epresentative of a member)		
Rick Brock (Printed or typed name of signee)		
I hereby accept the appointment as registered age comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of the Chapter 608, F.S. Or, if this document is being fill address. I hereby confirm that the limited liability (Signacule of Relistered Agent)	int and agree to gct in this capacity. I further agree to to the proper and complete performance of my futies, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.  Joyce L. Markiey as its agent	
Division of Corporations, P.O.	Box 6327, Tallahassee, FL 32314	

INHS18 (8/05)

FILING FEE: \$25.00