Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC REGISTERED AGENT CHANGE WEINGARTEN DRC CLERMONT, LLC

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Help

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.	Na	me of the limited liability company: WEINGARTEN DI	RC CLI	SKMONT, I				
2	(a)	2600 Citadel Plaza, Suite 125, Houston TX 77008		(b) 2600 Citadel Plaza, Suite 125, Houston TX 77008				
	(**7	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	- `		Mailing address of limited liability (Note: MAY BE POST OFFIC			
		06/67/2007	_	L07000060	1204			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	CAPITOL CORPORATE SERVICES INC			_			
		Registered Agent and Registered Office shown on the records of th	e Florida	n Deptor Sta	te	···· 2 [<u>ي</u>	
		Registered Office Address (MUST BE FLORIDA STREET AI	DDRES!	Σ)	-	721 9	41SI 21C	
		515 EAST PARK AVENUE 2ND FL				SEP.	오찬	
		TALLAHASSFE , FL. 3	32301			021 SEP -2	FILE(ARY O	
(b	(b)	C.T. Corporation System			_	AM 10:	ED Y OF 5 in	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad	<u>dress</u> :		. 17	ign Gran	
		NEW Registered Office Address			***			
		1200 South Pine Island Road			_			
		Plantation FL.3	33324		_			
the ugi wa	e cha cut v s/we	imited Hability company is not organized under the laws nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regi bility o `the lin	stered offic ompany, it nited liabili	te and the business office of is hereby confirmed that the ty company or as otherwise	the rechan	egistered :	
		arvey G. Weinreb	Har	vey G. Wen				
	-	ture of a member or authorized representative of a member			Printed or typed name of signer			
pro the	ovisi e obi mere	by accept the appointment as registered agent and agre ons of all statues relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he hin writing of this change. Alfred Younan	re to ae perform (for in (ereby c	t in this cap ance of my Chapter 60 onfirm tha	oacity. I further agree to co duties, and I am familiar w 15, F.S. Or, if this document t the limited liability compai	mply ith ar is he iy ha.	with the ad accept ing filed s been	
$\frac{B_{Y}}{Si}$	gnatu	Assistant Secretary	•					

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

To: +18506176383