L07000114554

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Weston-Gulf, LLC (Name of	Limited Liab	vility Company)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Chang	ge and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning	g this matter t	to the following:		
George L. Consoer, Jr.				
(Name of Person)				
Knott, Consoer, Ebelini, Hart & Swett	, P.A.		2001 DEC - T SECRETARY ALLAHASSEE	Π
(Firm/Company)			ASS ASS	1
1625 Hendry Street, Suite 301			ETARY OF STATE	
(Address)			P 3: 37 OF STATE E, FLORIDA	
Fort Micros El 22004			E 3	
Fort Myers, FL 33901 (City/State and Zip Code)				
For further information concerning this mat	ter, please ca	ıl1:		
George L. Consoer, Jr.	at (_239	334-2722		
(Name of Person)	_ `	(Area Code & Dayt	ime Telephone l	Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 323		
Enclosed is a check for the followi	ng amount:			
\$25 Filing Fee		\$55 Filing Fee & Cert	tified 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.

agent, or both, in the bi	are of 1 to 1 tau.	
1. The name of the lim	ited liability company is: V	Veston-Gulf, LLC
2. The mailing address	of the limited liability com	pany is : 985 Gulf Boulevard, Englewood, FL 34217
_	·	
November 13, 2007		L07000114554
3. Date of filing/registration in Florida		4. Document number
5. The name of the reginal Florida Department of		red office address as shown on the records of the
	George L. Consoer, Jr.	
	Ŋ	Name
	1625 Hendry Street, Su	
	A	ddress
	Fort Myers, FL 33901	
	City, St	ate and Zip
6. The name and addres	ss of the new registered age	nt and/or office: ≧≌ ≅
	<u></u>	
	H. Vernon Davids	
		me Span 1
	590 Tamiami Trail, Suite	e One, Port Charlotte
	Florida street address (P.O. Box NOT acceptable), TO U
		υ 230E3 ΩΩ Ψ. ΟΩ ΤΑ ΕΙ
		FL 33933 ≃=
	City, Sta	te and Zip
confirmed that after the and the business office liability company, it is	change or changes are mad of the registered agent will hereby confirmed that the c	der the laws of the State of Florida, it is hereby le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization company.
(Signature of a member or auti	A. Westow horized representative of a member)	

Deborah L. Weston
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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