

L09000692473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

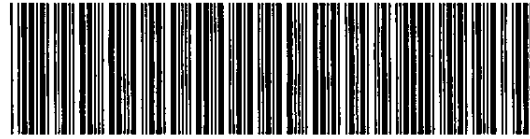
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 AUG 21 AM 8:45

AUG 22 2013  
T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WEST GROUP ENTERPRISES, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUSTIN WEST

Name of Person

WEST GROUP ENTERPRISES

Firm/Company

12715 DALLINGTON TERRACE

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

WESTGROUPFL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUSTIN WEST at ( 407 ) 770-9020

Name of Person

Area Code & Daytime Telephone Number

**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 amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
13 AUG 21 PM 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 6, 2013

JUSTIN WEST  
12715 DALLINGTON TERRACE  
WINTER GARDEN, FL 34787

SUBJECT: WEST GROUP ENTERPRISES, LLC  
Ref. Number: L09000092473

We have received your document for WEST GROUP ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 213A00018846

**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: WEST GROUP ENTERPRISES, LLC

2. (a) Principal office address of limited liability company: 12715 DALLINGOTN TERRACE  
(Note: MUST BE STREET ADDRESS) WINTER GARDEN, FL 34787

(b) Mailing address of limited liability company: PO Box 1185  
(Note: MAY BE POST OFFICE BOX) Gotha, FL 34734

9/24/09  
 3. Date of filing/registration in Florida

LO9000092473  
 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: WEST, JUSTIN W  
 Registered Office Address: 2307 BLACKJACK OAK STREET  
OCOOE, FL 34761 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: Whitehouse & Cooper, PLLC  
NEW Registered Office Address: 1009 E. Ave  
(MUST BE FLORIDA STREET ADDRESS) Clermont, FL 34711

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Justin W. West  
 Signature of a member or authorized representative of a member

Justin W. West  
 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]  
 Signature of Registered Agent

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 AUG 21 AM 8:44