## 11 20000 15279

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| ☐ PICK-UP ☐ WAIT ☐ MAIL                 |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
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Office Use Only



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## COVER LETTER

| Division of Corporations                                 |  |
|--|--|
| SUBJECT: West B  | ay Drive Holdings, UC  Name of Limited Liability Company   |
|  | Name of Emancu Flabinty-Company  |
| Dear Sir or Madam:                                       |  |
| The enclosed Registered Agent/Re                         | egistered Office Change and fee(s) are submitted for filing.   |
| Please return all correspondence c                       | concerning this matter to the following:   |
| Robert E. Lyons  |  |
| Name of I  | Person   |
| West Bay Driv  | e Holdings, LLC.   |
| PO Box 152   |  |
| Address  |  |
| Largo, FL 33779  |  |
| City/State and   | Zip Code   |
| Lyons_re@yahoo.com                                       |  |
| E-mail address: (to be used fo                           | or future annual report notification)  |
| For further information concerning                       | ·  |
| Kenneth Arsenault  |  |
| Name of Person   | at ()  |
|  | Area Code & Daytime Telephone Number   |
| STREET/COURIER ADD                                       | The state of the s |
| Registration Section Division of Corporations            | Registration Section   |
| Clifton Building   | Division of Corporations   |
| 2661 Executive Center Circ<br>Tallahassee, Florida 32301 | P.O. Box 6327<br>le Tallahassee, Florida 32314   |
| Enclosed is a check for the                              | e following amount:  |
| <b>☑</b> \$25 Filing Fee                                 | ☐ \$55 Filing Fee & Certified Copy   |
| INHS18 (2/14)  | • •  |

## 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              | une of the limited liability company: West  | Bay   | Drive   | 2 Holdin  | 795 il  | بار                                   |  |
|--------------------|---|---|---|---|---|---------------------------------------|--|
| 2. (a)             | 10225 Ulmerton Road   | ر<br>(b   | DO Box  |   | J   |                                       |  |
|                    | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | (0  |   | Mailing address of  |   |                                       |  |
|                    | Suite 2   |   |   |   |   |                                       | _  |
|                    | Largo, FL 33771   |   | Largo, FL 33779   |   |   |                                       |  |
|                    | 2-01-2012   |   | LIG   | 400001  | 527   | 19                                    |  |
| 3.                 | Date of filing/registration in Florida  | 4.  |   | Document nun  | nber  |                                       |  |
| 5. (a)             | Kenneth Arsenault   |   |   |   |   |                                       |  |
|                    | Registered Agent and Registered Office shown on the records of  | of the Florida  | Dept. of Stat   | e:  |   |                                       |  |
|                    | 10225 Ulmerton Road   |   |   | _   |   |                                       |  |
|                    | Registered Office Address (MUST BE FLORIDA STREET   | (ADDRESS)   |   |   |   |                                       |  |
|                    | Suite 2   |   |   |   |   |                                       |  |
|                    | Largo   | 33771   |   |   |   |                                       |  |
|                    |   | 15  | <u>-</u>  | _   | 포함  | 201                                   |  |
| (b)                |   |   |   |   | 14<br>14<br>14<br>14<br>14<br>14<br>14<br>14<br>14<br>14<br>14<br>14<br>14<br>1 | 2017 JUN 2                            | 7  |
|                    | Enter name of NEW Registered Agent and/or NEW Registere   | d Office add  | ress:   | -   | 중됐  | ₹<br>2                                |  |
|                    | 19535 Gulf Boulevard  |   |   |   | 37 OF   | 3 P.K                                 | LL.                                      |
|                    | NEW Registered Office Address:  | , <u>-</u> ,  |   | -   | 0.4<br>4.5  | ;><br>                                |  |
|                    | Suite E   |   |   | _   | 골   | <u>-</u>                              |  |
|                    | Indian Shores, F  | L_33785   |   |   |   |                                       |  |
| agent w<br>was/wei | nited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members les.of.organization or the operating agreement of the | of the regist<br>liability con<br>of the limit            | ered office<br>ipany, it is<br>ed liability             | and the busines hereby confirm company or as                                    | ss office of  | the re                                | gistered                                 |
|                    | mar mar   | Robe  | ert E. Lyc  | ons   |   |                                       |  |
| ζ.                 | re of a member or authorized representative of a member   | <del></del>   |   | Printed or typed na   |   |                                       |  |
| he obli<br>o merei | y accept the appointment as registered agent and ag<br>ns of all statutes relative to the proper and complete<br>gations of my position as registered agent as provide<br>y reflect a change in the registered office address. I<br>in writing of his change.                   | ree to act i<br>e performan<br>ed for in Ch<br>hereby con | n this capa<br>ace of my a<br>apter 605,<br>firm that t | ncity. I further a<br>luties, and I am<br>F.S. Or, if this<br>he limited liabil | igree to co<br>familiar w<br>document<br>ity compar                             | mply w<br>ith and<br>is bein<br>w has | vith the<br>d accept<br>ng filed<br>been |
| Sienature          | of Registered Apent   |   |   |   |   |                                       |  |