

L13000046939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

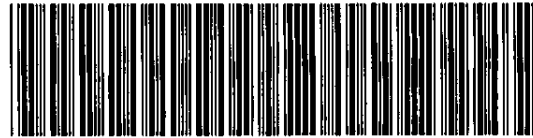
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400260217394

RA address  
change

05/20/14--01001--009 \*\*35.00

FILED  
2014 JUN 23 PM 2:29  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

LLC RA/RO change

X00789, 00524, 00671

DR  
6/25/14

RECEIVED

14 JUN 23 PM 12:26



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 4, 2014

Hannah Henry  
Governmental Management Services-CF LLC  
135 West Central Blvd, Suite 320  
Orlando, FL 32801

SUBJECT: WESTSIDE SPE, LLC  
Ref. Number: L13000046939

We have received your document for WESTSIDE SPE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a limited partnership and your entity is a limited liability company. I have enclosed the correct form for you to fill out and return to us.

Please return 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) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 214A00012038

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Westside SPE, 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:

Hannah Henry

Name of Person

Governmental Management Services, CF, LLC  
Firm/Company

135 West Central Blvd Suite 320  
Address

Orlando, FL 32801

City/State and Zip Code

hhenry@govmgtsrc.com

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

For further information concerning this matter, please call:

Hannah Henry

Name of Person

at ( 865 ) 717-7700

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

**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. Name of the limited liability company: Westside SPE, LLC

2. (a) 135 West Central Blvd  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Suite 320  
Orlando, FL 32801

(b) 135 West Central Blvd  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

Suite 320  
Orlando, FL 32801

3. 3/29/2013  
Date of filing/registration in Florida

4. L13000D46939  
Document number

5. (a) Governmental Management Services - CF, LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13574 Village Park Dr  
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)

Suite 265  
Orlando, FL 32837

(b) Governmental Management Services - CF, LLC  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

135 West Central Blvd  
**NEW** Registered Office Address:

Suite 320  
Orlando, FL 32801

FILED  
2014 JUN 23 PM 2:29  
TALLAHASSEE, FLORIDA

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.

X [Signature]  
Signature of a member or authorized representative of a member

Darwin Mossing  
Printed or typed name of signer

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 605, 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.

X [Signature]  
Signature of Registered Agent