## L13600049831

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



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2022 NOV 29 PH 2: 46



## 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. N                                  | ame of the limited liability company: WEST VOLUSI   | IA HOSPI                                 | TALITY, L                                   | LC  |
|---------------------------------------|---|--|---|---|
| <b>2</b> (a)                          | 730 S. ATLANTIC AVE.  | (  | 730 S. A                                    | TLANTIC AVE.  |
| 2. (a)                                | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |  | <u></u>                                     | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
|                                       | SUITE 102   |  | SUITE I                                     | 02  |
|                                       | ORMOND BEACH, FL 32176  |  | ORMON                                       | D BEACH, FL 32176   |
|                                       | 04/04/2013  |  | L13000049                                   | 9831  |
| 3.                                    | Date of filing/registration in Florida  | —<br>4.                                  |   | Document number   |
| 5. (a)                                | ALTON L LIGHTSEY  |  |   |   |
| J. (a)                                | Registered Agent and Registered Office shown on the records o   | of the Florid                            | la Dept. of St                              | ate:  |
|                                       | Registered Office Address (MUST BE FLORIDA STREET   | TADDRES                                  | <u>(S)</u>                                  | _   |
|                                       | 2105 PARK AVENUE NORTH  |  |   | 2022  |
|                                       | WINTER PARK , F   | 1  |   | PILED<br>2022 NOV 29 PH   |
|                                       |   |  |   |   |
| (b)                                   | Enter name of NEW Registered Agent and/or NEW Registere   | ed Office a                              | ddress:                                     |   |
|                                       |   |  |   | 2:46  |
|                                       | 222 W COMSTOCK AVENUE   |  |   | _ <b>5</b>  |
|                                       | NEW Registered Office Address:  |  |   |   |
|                                       | SUITE 200   |  |   | _   |
|                                       | WINTER PARK, F  | L_32789                                  |   | <del></del>   |
| chang<br>agent<br>was/w               | limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members lights of organization or the operating agreement of the | ne registe<br>liability of<br>of the lin | red office a<br>company, it<br>mited liabil | nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in |
|                                       |   | Al                                       | TON L. LIC                                  |   |
|                                       | nture of a member or authorized representative of a member  |  |   | Printed or typed name of signee   |
| provis<br>the ob<br>to mei<br>notific | phy accept the appointment as registered agent and assions of all statutes relative to the proper and completed igations of my position as registered agent as provided by reflect a change in the registered office address, but writing of this change.                                 |  |   | a decline could be madeline with diff diccions  |
| Signal                                | 1   | Day (2)                                  | iga wanat                                   | nesso El 27311  |
|                                       | Division of Corporations P.O.   | . BOX 03.                                | z/≢ ranan                                   | 35500, FL 34314   |

**FILING FEE: \$25.00** 

INHS18 (2/14)