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



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THE COSE TARY OF STATE /

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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|---|--|--|--------------------------------------|--|--|--|
| SUBJI | Westgate Interiors, LLC | | | | | |
| | Nam | e of Limited Lia | ability Company | | | |
| Dear S | ir or Madam: | | | | | |
| The en | closed Registered Agent/Registered Office | ce Change and | fee(s) are submitted for filing. | | | |
| Please | return all correspondence concerning thi | s matter to the f | following: | | | |
| Jeffre | ey R. Pittard | | | | | |
| | Name of Person | | _ | | | |
| Starr, | , Gern, Davison & Rubin, PC | | | | | |
| | Firm/Company | | | | | |
| 105 E | Eisenhower Parkway, Suite 401 | | | | | |
| | Address | | _ | | | |
| Rose | land, NJ 07068 | | | | | |
| , | City/State and Zip Code | | | | | |
| jpittar | rd@starrgern.com | | | | | |
| Е | E-mail address: (to be used for future annu | ual report notifi | cation) | | | |
| For fu | rther information concerning this matter, | please call: | | | | |
| Jeffre | ey R. Pittard | 973 | 403 9200 | | | |
| | Name of Person | (| Area Code & Daytime Telephone Number | | | |
| | STREET/COURIER ADDRESS: | MAILING ADDRESS: | | | | |
| | Registration Section | Registration Section | | | | |
| | Division of Corporations | Division of Corporations P.O. Box 6327 | | | | |
| | Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | | | | |
| Enclosed is a check for the following amount: | | | | | | |
| | ☑ \$25 Filing Fee | □ \$5 | 5 Filing Fee & Certified Copy | | | |
| INHSI | 8 (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 | me of the limited liability company: Westgate Ir | nteriors, | L | LC | | |
|-----------------------|----------------------------|--|---|---------------------------|--|---|--|
| | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | |) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | | 3250 NE 1st Avenue, Unit 301 | | | 105 Eise | enhower Parkway, Suite 401 | |
| | | Miami, FL 33137 | | | Roselan | d, NJ 07068 | |
| | | 04/05/2013 | | ı | L1300005 | 50370 | |
| 3. | | Date of filing/registration in Florida | 4. | - | | Document number | |
| 5. (| (a) | | | | | | |
| , | (- <i>)</i> | Registered Agent and Registered Office shown on the records of Li, Zhenzhong | Dept. of State | - :: | | | |
| | | Registered Office Address (MUST BE FLORIDA STREE | T ADDRE | SS) | | | |
| | | 8041 Fisher Island Drive | | | | - ARA - 25 | |
| | | Miami Beach , FL | | | | | |
| | | | | | | 29 P | |
| | | Enter name of NEW Registered Agent and/or NEW Register | ed Office | <u>add</u> | ress: | ASSEF FLORIDA | |
| | | NEW Registered Office Address: | | | | | |
| | | 3250 NE 1st Avenue, Unit 301 | | | ****************************** | | |
| | | Miami . F | _{:L} 3313 | 7 | | | |
| the dager was, the | cha nt w /we arti | mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the | of the reg liability s of the line limited | gist cor mi d li | tered office mpany, it is ted liability | e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany. | |
| | • | ure of a member or authorized representative of a member | | | | Printed or typed name of signee | |
| prov the d to m | visi obli iere | by accept the appointment as registered agent and a cons of all statutes relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered office address, it is writing of this change. | gree to a te perfor ted for ir I hereby | nct ma 1 C co. | in this cape ince of my i hapter 605 nfirm that | acity. I further agree to comply with the duties, and I am familiar with and accep, F.S. Or, if this document is being filed the limited liability company has been | |
| Sign | atu | re of Registered Agent | | | | | |
| | _ | Division of Cornerations P.O. | Rov 62 | 77. | • Tallahes | saa Fl. 3231 <i>4</i> | |

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