L14000080080

(Requestor's Name)								
(Address)								
(Address)								
(Ĉity/State/Zip/Phon	ne #)							
PICK-UP WAIT	MAIL							
(Business Entity Name)								
(Document Number)								
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 590463 4702973								
AUTHORIZATION ()								
COST LIMIT (\$ 25.00								
ORDER DATE : April 5, 2022								
ORDER TIME : 1:25 PM								
ORDER NO. : 590463-015								
CUSTOMER NO: 4702973								
CHANGE OF AGENT								
NAME: FAIRBANKS VILLAGE LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Eyliena Baker EXT#								

EXAMINER:

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: FAIRBANKS VILL	LAGE L	LC	2		
ז	(a)	923 N. PENNSYLVANIA AVENUE	(h		923 N. PE	NNSYLVANIA AVE	NUE
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	· / _	M	ailing address of limite (Note: MAY BE POS	d liability company:
		WINTER PARK, FL 32789	- -		WINTER P	ARK, FL 32789	
		05/16/2014		L	140000800	080	
3.		Date of filing/registration in Florida	4.			Document number	
5	(a)	WESTMONT LLC					
<i>J</i> .	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta 923 N. PENNSYLVANIA AVENUE Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			ept. of State;	2022 A.T.S.	
		WINTER PARK , FL	32789				<u>े</u> ::
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Corporation Service Company</u> NEW Registered Office Address:	office ado	dre	<u></u>		۵ ،
		1201 Hays Street					
		Tallahassee, FL 3	32301	_			
ch: age wa	ange ent w is/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the realist identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistere pility con the limi	d mj ite	office and pany, it is l ed liability	the business office hereby confirmed the company or as other	of the registered nat the change(s)
		Andrew Dubil!	_An	ıdı	rew Dubill	, Authorized Person	n
	Signat	ure of a member or authorized representative of a member				Printed or typed name of	of signee
tne to	r obli mere tified	ny accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pergations of my position as registered agent as provided by reflect a change in the registered office address. I he is in writing of this change.	e to act erforma for in C reby co	in inc Inc Inf	this capac re of my du ipter 605, i irm that th	ity. I further agree ties. and I am fani F.S. Or, if this doc e limited liability c	t to comply with the liar with and accept ument is being filed ompany has been
Sig	inatu	e of Registered Agent : E. Kirhy, Asst. Vice President					

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