Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

Phone : (702)866-2500

Fax Number : (702)866-2689

, auunal x	LLC REGISTERED AGENT WEST PALM LANE, L	orp Com	ALANASSET D	M
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ret.	West Palm Lane, LLC
3000		ne of Limited Liability Company
Dear S	Sir or Madam:	
The en	nclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to the following:
	Desiree Young	
	Name of Person	
	InCorp Services, Inc.	
	Firm/Company	
	3773 Howard Hughes Pkwy. · Suite	e 500S
	Address	
	Las Vegas, NV 89169-601	4
	City/State and Zip Code	
	processing@incorp.com	
	E-mail address: (to be used for future ann	ual report notification)
For fu	orther information concerning this matter,	please call:
Des	lree Young	800-246-2677
	Name of Person	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following	amount:
	□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
INHS	18 (2/14)	

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41900036003063

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.

Na	me of the limited liability company: West Palm Lane	, LLC	; 		
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	Mailing address of limited liability company: (Note: MAX BE POST OFFICE BOX)	
	200 Sheffield St		200 Shef		
	-				
	Mountainside, NJ 07092	_		side, NJ 07092	
	10/05/2016		L1600018	35718	
	Date of filing/registration in Florida	4.		Document number	
(a)	SOUTHEASTERN TITLE COMPANY, LLC				
(4)	Registered Agent and Registered Office shown on the records of th	ne Flori	da Dept. of Str	ate:	
	2999 Ne 191St Street 805			20 20 L	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>zzi</u>		
	Aventura , FL	-	33180	- Wasselful	
(b)	InCorp Services, Inc.				
(-)	Enter name of NEW Registered Agent and/or NEW Registered (Office	address:	30 NATE NATE NATE NATE NATE NATE NATE NATE	
	17888 67th Court North				
	NEW Registered Office Address:				
	Loxahatchee		33470		
ange ent v	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabers authorized by an affilmative vote of the members of	registe bility	ered office a company, it	nd the business office of the registered is hereby confirmed that the change(s)	
is w	cles of our purisation of the operating agreement of the 1	imite	liability co	impany.	
* (\			Cimberly So	orrentino	
_	gree of a ulemper of authorized representative of a member	==	3	Printed or typed name of signee	
here ovis e obi mer tifte	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I ha d in writing of this change.				
ignatu	Desiree Young on be	enait	or incorp	Services, Inc.	

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

INHS18 (2/14)

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