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(Requestor's Name)		
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☐ PICK-UP	MAIT WAIT	MAIL
(Bu	isiness Entity Nar	пе)
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	a company to the company	
(DC	ocument Number)	
Certified Copies	_ Certificates	of Status
Consist instructions to		
Special instructions to Filing Officer:		





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Westport Holding (Name of Limit	ngs University Village) ted Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	itter to the following:
John Gaty (Name of Person) Gary, Dytrych & Ri	SECRETARY SECRETARY
(Virm/Company)	e S.402
North Palm Beach, F (City/State and Zip Code)	<u>1</u> 33408
	Se call: S61 674-1275 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 amou	int [,]

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508 company submits the following statement in order to chan	8, Florida Statutes, the undersigned limited liability age its registered office or registered agent, or both,
in the State of Florida. 1. Name of the limited liability company: Vestport	: Holdings University Village, L
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	ob Gary. Dytrychi Ryan 701 45 Highway One. 5. 402 North Pallm Baach, FL 33408
3. Date of filing/registration in Florida	M0000000 2232 4. Document number
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:
Registered Agent:	Lawrence L. Landry
Registered Office Address:	380196A Blvd. S. 805 PalmBeachGardens, FL 3341D
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	N Registered Office address: Tohn Gary 701 US Highway One, 5.402 Northfalm Beach, FL 33408
If the limited liability company is not organized under the I that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the capered confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member) (Printed or typed name of signee) I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provision of the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	and the distinct and the business are of a Florida limited liability company, it is y an affirmative vote of the members of the limited forganization or the operating agreement of the limited forganization or the operating agree to gct in this capacity. I further agree to go the limited forganization of the limited forganization or the operating agree to gct in this capacity. I further agree to go the limited forganization of the limited forganization or the operating agree to gct in this capacity. I further agree to gct in this capacity.
(Signature of Registered Agent)	

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