7/2/2018

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC REGISTERED AGENT CHANGE WEST PORT COLONY INVESTORS LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu



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.

Nar	me of the limited liability company: WEST PORT CO	DLONY INVESTORS LLC
		(b)
() -	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1440 New York Avenue, NW Suite 200	1440 New York Avenue, NW Suite 200
•	WASHINGTON, DC 20005	WASHINGTON, DC 20005
	06/15/2004	M04000002325
· (a)	Date of filing/registration in Florida	4. Document number
. (a)	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY	
	Registered Office Address MUST BE FLORIDA STREET 1201 HAYS STREET	ADDRESS)
	TALLAHASSEE , F	32301-2525
(b)	Enter name of NEW Registered Agent and/or NEW Registere C T Corporation System	d Office address:
	NEW Registered Office Address:	
	1200 South Pine Island Road	
	Plantation, F	L_33324
the chagent was/withe art	ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the members licles of organization or the operating agreement of the street of a member of a member of a member of a member.	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in the limited liability company. James J. Finnegan Printed or pped name of signer gree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and acceled for in Chapter 605, F.S. Or, if this document is being fille I hereby confirm that the limited liability company has been
10.00	ntigations of my position as registered agent as provided by reflect a change in the registered office address, and it writing of this change. Confection of this change. Assistant Secretary	t hereby confirm that the limited liability company has been

Division of Corporations P.O. Box 6327 Tallahassee, FL 3231-FILING FEE: \$25.00