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Office Use Only



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SECRETARY OF STATE

FILED



CSC - WILMINGTON . 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscqlobal.com

Date: February 21, 2019

Order#: 577152-008

Re: WESTPORT FINANCIAL SERVICES, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Soraya Sariaslani

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.

| Name of the limited liability company: WESTPORT FINANCIAL SERVICES, LLC |                                 |  |  |   | , LLC  |
|---|---------------------------------|--|--|---|--|
| 2   | (a)                             | 39 Old Ridgebury Road  | (b)  | 39 Old R  | idgebury Road  |
|   | (4)                             | Principal office address of limited liability company:   |  |   | ailing address of limited liability company:   |
|   |                                 | (Note: MUST BE STREET ADDRESS)   |  | ł   | (Note: MAY BE POST OFFICE BOX)   |
|   |                                 | Suite 5  |  | Suite 5   |  |
|   |                                 | Danbury, CT 06810  | <del></del>  | Danbury, C  | OT 06810   |
|   |                                 | 01/04/2005   | _  | M05 <b>0</b> 00000  | 0036   |
| 3.  |                                 | Date of filing/registration in Florida   | 4.   |   | Document number  |
| z.  | (2)                             | C T CORPORATION SYSTEM   |  |   |  |
| Э.  | (a)                             | Registered Agent and Registered Office shown on the records of the Florida Dept. of State:   |  |   |  |
|   |                                 |  |  |   |  |
|   |                                 | 1200 SOUTH PINE ISLAND ROAD  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |  |   | <b>2</b>   |
|   |                                 | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |  |   |  |
|   |                                 |  |  |   |  |
|   |                                 | PLANTATION .FI   | , 33324  |   | TANSS  |
|   |                                 |  | <u></u>  |   |  |
|   | (b)                             | Corporation Service Company  |  |   | PM:  |
|   |                                 | Enter name of NEW Registered Agent and/or NEW Registered   | l Office add                                       | ress:   | STAT 3   |
|   |                                 |  |  |   | 독리 🗕   |
|   |                                 | 1201 Hays Street   |  |   |  |
|   |                                 | NEW Registered Office Address:   |  |   |  |
|   |                                 |  |  |   |  |
|   |                                 |  |  |   |  |
|   |                                 | Tallahassee  | 32301  |   |  |
|   | , FL 32301                      |  |  |   |  |
| th<br>ag  | e cha<br>gent v                 | imited liability company is not organized under the la<br>inge or changes are made, the Florida street address o<br>will be identical. Or, in the case of a Florida limited li   | f the regis<br>lability co                         | tered office ampany, it is h                                  | and the business office of the registered hereby confirmed that the change(s)  |
|   |                                 | ere authorized by an affirmative vote of the members of the specific of the operating agreement of the   |  |   |  |
|   |                                 | Lie & agnie  |  | ilmi, Authoriz  | •  |
| _   | Signa                           | ture of a)member or authorized representative of a member  | 3111 C   |   | Printed or typed name of signee  |
| pr<br>th<br>to  | ovisi<br>e obl<br>m <u>e</u> ri | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change. | ree to act<br>performa<br>ed for in C<br>hereby co | in this capac<br>nce of my di<br>hapter 605,<br>nfirm that th | city. I further agree to comply with the sties, and I am familiar with and accept F.S. Or, if this document is being filed se limited liability company has been |
| S   | ignatu                          | Incre CKWOL.  The of Registered Agent Corporation Service Company  | BY: Gi   | ace E. Kirb   | y, Assistant Vice President  |