M08000003041

(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
		1				

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OIVISION OF CORPORATIONS

2/2/5



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: March 25, 2015

Order#: 540425-064

Re: WESTBROOK LELY GOLF VILLAS I LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

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: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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.

1.	Na	me of the limited liability company: WESTBROOK L	ELY GO	LF VILLAS	I, L.L.C.
2	(a)	8004 Lely Resort Boulevard	(b	7995 Ma	ahogany Run Lane
۷.	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0,	/	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Naples FL 34113	-	Naples, F	L 34113
		06/25/2008	_	M0800000	03041
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	William G. Morris			
٠.	(4)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	:
		247 N COLLIER BLVD, Suite 202			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS.	1	
		Marco Island , FL_	34145		DIVING 15
	(b)	Corporation Service Company			SECUTE FARY VISION OF CO
	(-)	Enter name of NEW Registered Agent and/or NEW Registered (Office add	lress:	27 27
		1201 Hays Street			P 2000
		NEW Registered Office Address:			2: 17
		Tallahassee , FL	32301		
the ag wa	e cha ent v as/we e arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co f the lim imited l	stered office ompany, it is ited liability iability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. uthorized Person
	Sign			_	Printed or typed name of signee
pr th to	ovisi e obl merc	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act performa for in C ereby co	in this capa ance of my a Chapter 605, onfirm that t	ucity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
S	igratu	re D Registered Agent Corporation Service Company	BY: Sy	ylvia Quepi	pet, Asst. Vice President

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