

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : JAM MARK LIMITED
Account Number : I20000000112
Phone : (305)789-7758
Fax Number : (305)789-7799

REGISTERED AGENT CHANGE

WESTPOINTE 8, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

RECEIVED

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DIVISION OF CORPORATIONS

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WESTPOINTE 8, INC.
2. The principal office address: 8950 N.W. 33rd Street, Miami, FL 33172
3. The mailing address (if different): 701 Brickell Avenue, Suite 3000, Miami, FL 33131
4. Date of incorporation/qualification: 9/27/96 Document number: P96000080224
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Nasir Kassamali

8950 N.W. 33rd Street

Miami, FL 33172

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Intrastate Registered Agent Corporation


701 Brickell Avenue, Suite 3000

(P.O. Box NOT acceptable)

Miami, FL 33131

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Nasir Kassamali, President

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Intrastate Registered Agent Corp

By 
(Signature of Registered Agent)

8/3/07
(Date)

If signing on behalf of an entity:

Frances Falgenblat, Vice President
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

** TOTAL PAGE.02 **

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