## P99000083935

i (Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	-
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
·		

Office Use Only



800183439568

08/27/10--01014--008 \*\*35.00



Rochange News 8-30-10

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: WESTPORT REACTY INC.  Name of Corporation			
DOCUMENT NUMBER: 699000 83935			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Name of Contact Person			
WESTFORT REALTY INC.			
426 4326 PETERS ROAD Address			
PLANTATION, FL 33317 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
TOSEPH CALCA at (954) 646-2834  Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327  Street Address: Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## 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: Westport Realty, Inc.
2. The principal office address: 4326 PETERS ROAN
PLANTATION, FL 33317
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/20/1999 Document number: P9900083935
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Joseph Calla 300 3
40 W. Tropical Way FR & T
<u> </u>
6. The name and street address of the new registered agent (if changed) and /or registered officency (if changed):
(if changed):  Toseph Calla
4326 Peters Road
Plantation, Fl 33317
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  Printed or typed name and title  I hardly accept the appointment as registered agent and agree to act in this capacity.
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.
Joseph Colla D 8/20/2010 Signature of Registered Agent
If signing on behalf of an entity:
TOSEPH CALLA Typed or Printed Name

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

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