Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130000901763)))



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To:

Division of Corporations

Pax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE WEST POINT PARTNERS, INC.

Certifi Certifi Page (Estimate)

| Certificate of Status | 0       |  |
|-----------------------|---------|--|
| Certified Copy        | 0       |  |
| Page Count            | 03      |  |
| Estimated Charge      | \$35.00 |  |

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

\_\_\_\_ West Point Partners, Inc

SUBJECT:

Name of Corporation

P99000102674
DOCUMENT NUMBER:

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:

Moez Lakhani

Name of Contact Person

West Point Partners, Inc.

Firm/Company

500 S Dadeland Blvd

Address

Miami, FL 33156

City/State and Zip Code

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Moez Lakhani

Name of Contact Person

w / 305

671-6432

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
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

| statement of   | hange is submitted for a corporation organized under the laws of the State of Florida  | •           |
|--|--|-------------|
|  | der to change its registered office or registered agent, or both, in the State of Florida.   |             |
| 1. The name  | of the corporation: WEST POINT PARTNERS, INC.  | _           |
| 2. The princip   | al office address: 9500 S. DADELAND BLVD. SUITE 800 MIAMI, FL 33156  | _           |
|  |  | _           |
| 3. The mailin  | g address (if different):  |             |
|  |  |             |
| 4. Date of inc   | orporation/qualification: 11/24/1999 Document number: P99000102674   |             |
| 5. The name  | and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)   | **          |
|  | WEMPLE, STEVEN M   | \<br>\<br>\ |
|  | 9500 S. DADELAND BLVD. SUITE 800 MIAMI, FL 33156   |             |
|  |  | -           |
|  |  |             |
| 6. The name (if change   | and street address of the new registered agent (if changed) and /or registered office ):   |             |
| :  | C T Corporation System   |             |
| -  | c/o C T Corporation System, 1200 South Pine Island Road  |             |
|  | P.O. Box NOT exceptable  |             |
|  | Plantation, Florida 33324  | •           |
| as changed v   | dress of its registered office and the street address of the business office of its registered agent, ill be identical.  |             |
| authorized b   | was authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change.  |             |
| · · · · · · · · · · · · · · · · · · ·                                | Sour Wanper Prosecut   | r           |
| I hereby acc. I further agree performance agent. Or, it hereby confi | pt the appointment as registered agent and agree to act in this capacity.  e to comply with the provisions of all statutes relative to the proper and complete of my dulles, and I am familiar with and accept the obligation of my position as registered this document is being filed merely to reflect a change in the registered office address, I m that the corporation has been notified in writing of this change. | •           |
| By:  | Corporation System  Of Registered Agent  Date  Date  |             |
| If signing on  | behalf of an entity: Madonna Cuddihy Special Assistant Secretary   |             |
|  | Typed or Printed Name  * * * FILING PEE: \$35.00 * * *   |             |

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

Mans - remained literature Philips

CR2E045 (03/12)