

8/5/2015 5:13 PM
 No. 2390 P 1

 P99000102674

Division of Corporations
Florida Department of State
 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.

(((H15000189838 3)))



H150001898383ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850)617-6380

From:
 Account Name : PARANET CORPORATION SERVICES, INC.
 Account Number : I20090000069
 Phone : (800)277-9977
 Fax Number : (800)815-0477

RECEIVED
 DIVISION OF CORPORATIONS
 15 AUG -6 AM 8:54

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

Email Address: swemple@sailormen.com

RECEIVED
 15 AUG -6 AM 7:54
 DIVISION OF CORPORATIONS
 TALLahassee, FLORIDA

REGISTERED AGENT CHANGE
WEST POINT PARTNERS, INC.

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

RA/RO/chg

AUG 7 2015

I ALBRITTON

Aug. 5. 2015 5:13PM

No. 2310 P. 2
(((H15000189838 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: West Point Partners, Inc.
Name of Corporation

DOCUMENT NUMBER: P99000102674

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:

Steven M. Wemple

Name of Contact Person

Sailormen, Inc.

Firm/Company

9500 South Dadeland Boulevard, Suite 800

Address

Miami, FL 33156

City/State and Zip Code

swemple@sailormen.com

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

For further information concerning this matter, please call:

Natalie Leiba-Paul

Name of Contact Person

at (800 277-9977)

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

CR2B045 (03/12)

(((H15000189838 3)))

Aug. 5. 2015 5:13PM

No. 2310 P. 3
(((H15000189838 3)))

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: West Point Partners, Inc.
- 2. The principal office address: 9500 South Dadeland Boulevard, Suite 800 Miami, FL 33156
- 3. The mailing address (if different): _____

4. Date of incorporation/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 Florida Department of State: (If resigned, enter resigned)

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324


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

URS Agents, LLC
1540 Glenway Drive
P.O. Box NOT acceptable
Tallahassee, FL 32301


2015 AUG - 6 AM 8:54
SECRETARY OF STATE
FLORIDA DEPARTMENT OF STATE

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.

 Steven M. Wemple - President
Signature of an officer or director 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.

 8/5/2015
Signature of Registered Agent Date

If signing on behalf of an entity:

Amanda Sanders
Typed or Printed Name

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E043 (03/12)

(((H15000189838 3)))