V37437

v .						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
<u> </u>						
(Document Number)						
(Document retimes)						
O. Historia of Oaks						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



900020891199

06/25/03--01012--022 **35.00

Chause

PILED

SECRETABLE AND SERVICE AND ADDRESS AND SERVICE AND ADDRESS AND SERVICE AND ADDRESS AND ADDRESS

TRANSMITTAL LETTER

West Bay, Inc. SUBJECT: (Name of corporation) DOCUMENT NUMBER: V37637 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: G. Carson McEachern, Esq. (Name of person) Roetzel & Andress (Name of firm/company) 850 Park Shore Drive, Suite 300 (Address) Naples, Florida 34103 (City/state and zip code) For further information concerning this matter, please call: G. Carson McEachern, Esq. (Name of person) (Area code & daytime telephone number) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Street Address: Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

407968

TO:

Amendment Section Division of Corporations

CR2E045(07/02)

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

	f change is submit	ted for a corporat	ion organized und	s, or 617.1308, Floriaa er the laws of the State of	f	
of Florida.	in order to	change its registe	ered office or regi	stered agent, or both, in	the State	
•	the corporation:	West Bay, Inc.	4 _	1		
			icEachern. Esc	., 850 Park Shore Di	rive.	
				.,,		
Suite 300,	Naples, Florid	a 34703		1		
3. The mailing address (if different): (same)				<u>, , , , , , , , , , , , , , , , , , , </u>		
4. Date of incorp	poration/qualificat	ion: 05/20/199 2	2 Docum	ent number: V37637		
	i street address of truent of State:	the current registe	red agent and regi	stered office on file with	% S	
	Peter L. Girard	lin			皇皇	
	5147 Castello	Drive			S. 13	
	Naples, Florida	aples, Florida 34103				
6. The name an changed):	d street address of	_	ered agent (if char	nged) and /or registered	office fit of	
	850 Park Shor	e Drive, Suite	300	ì		
-		(P.O. Box or personal ma	ilbox NOT acceptable)		·	
-	Naples, Florida	a 34103		· · · · · · · · · · · · · · · · · · ·		
The street addre	ess of its registered and will be identica	d office and the st	reet address of the	business office of its re	gistered	
Such change wa authorized by th	as authorized by re ne board, or the co	7 3		of directors or by an offing of the change.	cer so	
Signature of an officer	chairman or vice chairma	in of the board!		laro, President	<u> </u>	
			•	in this capacity. of the proper and completed by the proper and completed by the properties of the register of in writing of this chan	ete ed ege.	
,	gnature of Registered Age	est)		(Date)		
If signing on behalf	f of an entity: Eachem, Esq.		Dowletowal A	v o v é		
	'yped or Printed Name'		Registered A	Registered Agent (Capacity)		

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

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