## LO4 0000 25843

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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FILED SECRETARY OF STATE DIVISION OF CORPORATION

## COVER LETTER

Division of Corpo					
SUBJECT:	Windom	n & Martin	Enterprises	, LLC	
	Name of	f Limited Lia	ability Company	•	
Dear Sir or Madam:					
The enclosed Registered	Agent/Registered	Office Char	nge and fee(s) ar	re submitted for filir	_
Please return all correspo	ndence concernin	g this matte	r to the following	g:	12 MAR 19 PM
Dov	id C. Langan				9
	id C. Langan ne of Person				3
· · · ·					\$
David	Lanigan, P.A.				•
	n/Company		<del></del>		
1997					
15310 Amh	arly Drive Ste	250			
15310 Amb	Address	230			
rg Town					
	pa, FL 33647				
	ate and Zip Code		<del></del>		
E-mail address: (to be used	for future annual repor	t notification)	<del></del>		
For further information c	oncerning this ma	itter, please	call:		
David C. La	anigan	at ( <u>8</u>	3 )	983-0655	
Name of Pers	on	· · ·	Area Code & Da	ytime Telephone Number	
STREET/COURI	ER ADDRESS:		MAILING ADD	RESS:	
Registration Sectio	n	Registration Section			
Division of Corpor	ations		Division of Corporations		
Clifton Building,			P.O. Box 6327		
2661 Executive Ce Tallahassee, Florid			Tallahassee, Flori	ida 32314	
Enclosed is a che	eck for the follow	ing amoun	:		
\$25 Filing Fce			\$55 Filing Fee	& Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Window	EMartin Enterpr	rises, LLC		
2. (a) Principal office address of limited liability compa	iny: 100 made	a Blud St 414		
(Note: MUST BE STREET ADDRESS)	Punta Gorda,	FL. 33950		
(b) Mailing address of limited liability company:	100 madrid Punta Gorda, F	Blvd Sk 414		
(Note: MAY BE POST OFFICE BOX)	Punta Gorda, F	-L. 3395D		
V4/12	L04000025843	, 4		
3. Date of filing/registration in Florida	4. Document number	ON SECTION		
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida	a Dept. A State		
Registered Agent:	David Lanigan	5 825		
Registered Office Address:	10937 N. 56th St. Tampa, FL 33617	7 G S S S S S S S S S S S S S S S S S S		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent</u> :  NEW Registered Office Address:	David Lanigan			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	15310 Amberly Drive, Ste. 250			
	Tampa	,FL <u>33647</u>		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the niembers of the limited liability company or as off or the operating agreement of the limited liability company.	e Florida street address of the case of a contical. Or, in the case of a contical was/were authorized by the cruise provided in the arti	he registered office Florida limited		
Signature of a member of adulhorized representative of a member				
Tereny Martin Printed or typed name of signee				
Thereby accept the appointment as registered agent and complywith the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. On if this about the limited liability composition of the limited liability composition.	d agree to act in this capac proper and complete perfo position as registered agen merely reflect a change in t any has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.		
Signature of Registered Agent				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00