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S. HAWKES
AUG 2 3 2010
EXAMINER

COVER LETTER

Registration Section

TO:

Division of Corporations WINTEC International LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ross G. Winter Name of Person WINTEC International LLC Firm/Company 8890 East Orchid Island Circle Address Vero Beach, FL 32963 City/State and Zip Code kiwi8404@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ross G. Winter Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$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:	WINTEC	WINTEC International LLC		
(a) Principal office address of limited liability company:		8825 Lakeside Circle		
(Note: MUST BE STREET ADDRESS)	Vero Bea	ach, Fl 32963	•	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
September 11th 1997 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown	4. Docume		PS PS	
Registered Agent:				
Registered Office Address:				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:		8890 East Orchid Island Circle		
(MUST BE FLORIDA STREET ADDRESS)	Vero Bea	ach	,FL32963	
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	the laws of the	State of Florida	registered office	
Ross G. Winter				
Printed or typed name of signee I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F,S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent	nd agree to act proper and co position as re merely reflect cany has been i	in this capacity implete perforn gistered agent a change in the notified in writi	o. I further agree to nance of my duties, as provided for in e registered office ng of this change.	

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