## M19000000 220

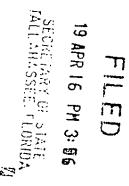
(Requestor's Name)
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T SCHROEDER

## COVER LETTER

TO: Registration Section Division of Corporations		•			
WINN PROPERTY MANAGE SUBJECT:	EMENT LL	С			
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offic	ce Change ar	nd fee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to th	ne following:			
MARSHA SIHA					
Name of Person		<del></del>			
INCFILE.COM LLC					
Firm/Company		<del></del>			
17350 STATE HWY 249 STE 220					
Address		<del></del>			
HOUSTON, TX 77064					
City/State and Zip Code		<del></del>			
EFiLE1234@INCFILE.COM					
E-mail address: (to be used for future annu	ial report not	iification)			
For further information concerning this matter, p	please call:				
MARSHA SIHA	855	829-9090			
Name of Person	(	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	ð	MAILING ADDRESS:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building		P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Ί	'allahassee, Florida 32314			
Enclosed is a check for the following a	amount:				
<b>☑</b> \$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 605.0114 or 605.0116, 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.

	me of the limited liability company:		
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10 MAJOR FRED CT.	10 M	AJOR FRED CT.
	JAMESTOWN, NC 27282	JAM	ESTOWN, NC 27282
	01/07/2019	M190	00000220
	Date of filing/registration in Florida	4.	Document number
<i>(</i> )	WINN, JANICE		
. (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of	l'State:
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	101 WILD PLUM LANE		\$\overline{\Pi}_{\sigma}\$
	LONGWOOD	32779	—
(b)	LEGALINC CORPORATE SERVICES INC.		
(,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	E HE O
			—— See See See See See See See See See S
	NEW Registered Office Address:	_	5-0 J
	5237 SUMMERLIN COMMONS SUITE 400	0	
	FORT MYERS	L_33907	
the I	imited liability company is not organized under the la	nes of the State o	of Florida, it is hereby confirmed that after
e cha ent v is/wo	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited l are authorized by an affirmative vote of the members icles of organization or the operating agreement of th	of the registered c liability company of the limited lia	office and the business office of the register t, it is hereby confirmed that the change(s) bility company or as otherwise provided in
Carri	Ladd and P 112	•	W R WINN - CEO
,	9 // 44 // / / / / / / / / / / / / / / /		

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

Signature