NO1000001079

Office Use Only



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COVER LETTER

Division of Con	porations	
SUBJECT: We	stwind I Resident Name of Co	Owned Community Inc.
DOCUMENT NUMB	1/0/000	1079
The enclosed Statemen	t of Change of Registered Office	/Agent and fee are submitted for filing.
Please return all corresp	condence concerning this matter	to the following:
<u></u>	Sylvia Name of Con	Harris tact Person
	Westwind II Firm/Coi	Resident Owned Community, Inc
	3301 Alterna	te 19 Morth, #181
	Du Nedin City/State and	FL 34698
- E	Sjharris	1836 gmail Com ture annual report notification)
E-II	ian address: (to be used for it	ture annual report nonneation)
For further information	concerning this matter, please co	all:
Sylvia Name o	Harris FContact Person	at (127) 437-7013 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 ch	eck made payable to the Departr	nent 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

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: Westwind II Resident Owned Community, INC.
2. The principal office address: 3301 US Alternate 19 North, #181
Dunedin, FL 34698
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/15/2001 Document number: NO 1000001679
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)
Associa Gulf Coast, INC.
9887 4th St. North, Ste. 301
St. Petersburg, FL 33702
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Sulvia Harris
3301 US Alternate 19 North #181
P.O. Box NOT acceptable DUNED IN FL 34698
Dunedin, FL 34698
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.
James T. Beasley WWIT ROC President Printed or typed name and type
Thereby 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.
Aughin X. Janes Mich 17, 2017 Signature of Registered Agent Date
If signing on behalf of an entity:
Sylvin J. Warris
Typed or Printed Name

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