

A12848

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TALLAHASSEE, FL

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TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 512796 8368290

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : February 24, 2022

ORDER TIME : 3:06 PM

ORDER NO. : 512796-043

CUSTOMER NO: 8368290

CHANGE OF AGENT

NAME: WOODWINDS ASSOCIATES, LTD.,
LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: _____

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. WOODWINDS ASSOCIATES, LTD., LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 07/14/1982

Date of filing/registration in Florida

3. A12848

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

WINGATE MANAGEMENT COMPANY, LLC C/O WOODWINDS APARTMENTS

Name

1800 WOODWINDS DRIVE

Address

BRADENTON, FL 34208

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee

FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Jill E. Cilmi
Signature of General Partner

Jill Cilmi, Vice President on behalf of CONTINENTAL WINGATE
CO. OF GEORGIA, INC., General Partner

I hereby 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 obligations of my position as registered agent.

Grace E. Kirby
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

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