F20000004794

(Rec	questor's Name)		
(Add	dress)		
(Add	dress)		
(City	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL	
			
(Bu:	siness Entity Name)		
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RINER

COVER LETTER

TO:	Amendment Section Division of Corporations
	ECT: Change of Agent in Florida of Corporation
DOC	JMENT NUMBER: F20000004794
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Jo-An	n Glattfelder
Name	of Contact Person
Winds	or Strategy Partners, Inc.
Firm/0	Company
777 A	lexander Road, Suite 201
Addre	SS
Prince	ton NJ 08540
City/S	tate and Zip Code
	jglattfelder@wspactuaries.com
E-ma	il address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Susan	Bowman at (⁷⁶⁰) ⁵⁷⁹⁻³⁵⁶⁰
	Name of Contact Person at (760) 579-3560 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a cor	$1.0502,617.0502,607.1508,or617.1508,Florida Stiporation organized under the laws of the State of rac{N}{N} office or registered agent, or both, in the State of Fla$	lew Jersey	
1. The name of t	the corporation: Windsor S	Strategy Partners, Inc.		
		ature Club Circle, Unit 202, Naples FL 34113		
3. The mailing a	address (if different): 777 A	Alexander Road, Suite 201, Princeton NJ 08540		
4. Date of incorp	poration/qualification: 12-	-28-2015 0 28 2000 Document number: F2000000)4794	
	I street address of the curr trment of State: (If resigne	ent registered agent and registered office on file with ed, enter resigned)	1 the	
	Corporate Service Com	npany		
	1201 Hayes Street			
	Tallahassee	FL 32301	170	
6. The name and (if changed):	I street address of the new	registered agent (if changed) and /or registered office	grija DEC 14	
	David Wilson		F AAA	
	8037 Signature Club Circle, Unit 202			
	Naples	P.O. Box NOT acceptable FL 34113	9: 170	
The street addreas changed will	ess of its registered office	and the street address of the business office of its	registered agent,	
Such change was authorized by the	as authorized by resolution the board, or the corporati	on duly adopted by its board of directors or by an contact on has been notified in writing of the change.	officer so	
Mu	lan_	David Wilson	CEO	
I hereby accept I further agree of my duties, ar document is be	the appointment as regis to comply with the provis ad I am familiar with and ing filed merely to reflect s been notified in writing	Printed or typed name and title stered agent and agree to act in this capacity, sions of all statutes relative to the proper and compact the obligation of my position as registered a change in the registered office address. I hereby of this change.		
ву: 🕠	wh	12/07/2020		
Sig	mature of Registered Agent	Date		
If signing on be	ehalf of an entity:			
<u> David</u>	yped or Printed Name			

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