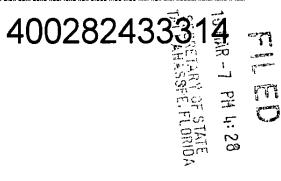
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(Requestor's Name)					
(Ad	dress)				
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(Cit	y/State/Zip/Phone	∋ #)			
PICK-UP	☐ WAIT	MAIL			
					
(Bu	siness Entity Nar	ne)			
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Certified Conies	Certificates	of Status			
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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Office Use Only





03/08/16--01012--029 **25.00

COVER LETTER

	gistration Section vision of Corporations					
401 Southwind, LLC SUBJECT:						
SUBJECT		ne of Limited Lial	pility Company			
Dear Sir or	· Madam:					
The enclose	ed Registered Agent/Registered Off	fice Change and fo	ee(s) are submitted for filing.			
Please retu	rn all correspondence concerning th	nis matter to the fo	llowing:			
Karen J.	Fine					
	Name of Person		-			
401 Sout	hwind, LLC					
	Firm/Company		-			
3902 Bur	ns Road Suite 18					
	Address		-			
Palm Bea	ach Gardens, FL 33410					
	City/State and Zip Code		-			
KJFine39	@aol.com	•				
E-ma	il address: (to be used for future and	nual report notific	ation)			
For further	information concerning this matter	, please call:				
Karen Fir	ne	954 at (821-4981			
	Name of Person	ui (Area Code & Daytime Telephone Number			
Re Div Cli 266	gistration Section vision of Corporations ifton Building 61 Executive Center Circle llakassee, Florida 32301	Regi Divi P.O.	stration Section sion of Corporations Box 6327 thassee, Florida 32314			
En	closed is a check for the following	osed is a check for the following amount:				
	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			
INHS18 (2/1	14)					

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.

1. Na	me of the limited liability company: 401 Southwin	nd LLC	
2. (a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1460 SW 159 Ave.		
	Pembroke Pines, FL 33027		
	06/17/2002	L020	000015039
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Karen J. Fine		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	3902 Burns Road Suite 18		
	Palm Beach Gardens , FL	33410	
(L)			A PART OF THE PART
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
			PH 4: 28
	NEW Registered Office Address:		
	1460 SW 159 Ave		
	Pembroke Pines , FL	33027	
the cha agent v was/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the	f the registered ability compan of the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) hability company or as otherwise provided in
4	21/2 / F110	Karen J.	Fine
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to act in thi performance o d for in Chapte hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accep er 605, F.S. Or, if this document is being filed a that the limited liability company has been
Signatu	re of Registered Agent		