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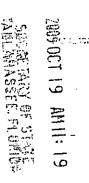
(Requestor's Name)			
(Address)			
•			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP ` WAIT MAIL			
(Business Entity Name)			
(Business Endly Name)			
: (Document Number)			
Certified Copies & Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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10/19/09--01028--013 **25.00



T. CLINE

OCT 20 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ		rinds Property Brokerage, LC of Limited Liability Company
Dear S	Sir or Madam:	
The e	nclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please	e return all correspondence concernir	ing this matter to the following:
	Libby Restuccio	
	Name of Person	age, LC
	Tradewinds Property Brokera	age, LC
	Firm/Company	SSEC PLAN
	5604 Heritage Blvd.	
	Address	
	Wildwood, FL 34785	
	City/State and Zip Code	
E	Libby@MyTradewinds.co	ort notification)
For fu	orther information concerning this ma	natter, please call:
	Libby Restuccio	at (888) 238-9463 Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the follow	wing amount:
	\$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 608.416 or 608.508, 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. Name of the limited liability company:	Tradewinds Property Brokerage, LC				
2. (a) Principal office address of limited liability	company: 5604 Heritage Blvd.				
(Note: MUST BE STREET ADDRESS) Wildwood, FL 34785				
(b) Mailing address of limited liability compa	any: 5604 Heritage Blvd.				
(Note: MAY BE POST OFFICE BOX)	Wildwood, FL 34785				
Feb. 27, 2003	L0300007260				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office s	shown on the records of the Florida Dept of State:				
Registered Agent:	Jonathan D. Woods				
Registered Office Address:	425 W. Colonial Dr., Ste. 204 Orlando, FL 32804				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : NEW Registered Agent: Jonathan D. Woods					
NEW Registered Office Address:					
(MUST BE FLORIDA STREET ADDRI					
•	Wildwood ,FL34785				
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized peresentative of a member Jonathan D. Woods					
Signature of Registered Agent	tent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change. D. Box 6327, Tallahassee, FL 32314				
FILING FEE: \$25.00					