

LO6 000 121 890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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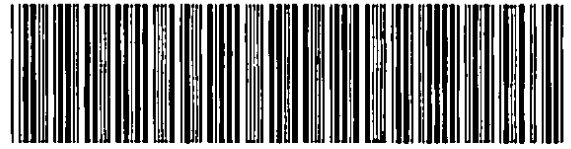
(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF JUSTICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wind Chase Farm Combined Driving, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heather Schneider
Name of Person

Wind Chase Farm CD, LLC
Firm/Company

17150 S Highway 475
Address

Summerfield, FL 34491
City/State and Zip Code

wcfpony4@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Schneider at (772) 285-3480
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

22 SEP 20 AM 9:07
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: Wind Chase Farm Combined Driving, L

2. (a) 17150 S Highway 475

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Summerfield FL, 34491

(b) 17150 S Highway 475

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Summerfield, FL 34491

3. 12/22/2006
Date of filing/registration in Florida

4. L06000121890
Document number

5. (a) Heather Schneider
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

17150 S Highway 475
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Summerfield, FL, 34491
_____, FL _____

OLD
5001 SW Martin
Commons Way
Palm City, FL
34999

(b) Heather Schneider
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

17150 S Highway 475
NEW Registered Office Address:

Summerfield, FL 34491

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.

Heather Schneider
Signature of a member or authorized representative of a member

Heather Schneider
Printed or typed name of signee

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Heather Schneider
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00