## L070000 75590

<u>.                                    </u>		
(Re	equestor's Name)	
(Ac	ldress)	
	Idress)	
(Ci	ty/State/Zip/Phone	<del>e</del> #)
PICK-UP	☐ WAIT	MAIL .
(8)	isiness Entity Nan	
(6)	isiness Entity Nan	ne)
(Do	ocument Number)	
	•	•
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



900179960929

07/22/10--01006--004 \*\*25.00



S. HAWKES

JUL 2 3 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: CAPE Wind	s Ventures, LLC	
Name of Lin	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Michael P. Canz	ano_	
Cape Winds Vent	wes, LLC	
2546 Hopefield	ct	
Cape Coval, FL City/State and Zip Code	33991	
Stellacane a E-mail address: (to be used for future annual report motion)	mail. com	
For further information concerning this matter,	please call:	
Michael & Canzano:	239, 292 4200	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following 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: Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: Date of filing/registration in Florida (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS 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 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 608, 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.

JUL 1 6 2010

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00