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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WINROW GROU	P LLC
(Nam	ne of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
MARY G. STEWART, CPA (Name of Person)	
MARY G. STEWART, CPA, P.A. (Firm/Company)	
4456 Tamiami Trail #A10	
(Address)	
Port Charlotte, FL 33980	
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
Mary G. Stewart	at (_941) 258-3191
(Name of Person)	(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:
	☐ \$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. Na	ame of the limited liability company: WINROW G	ROUP LLC	
2. (a)	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	: 21483 Meehan Avenue Port Charlotte, FL 33952	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	21483 Meehan Avenue Port Charlotte, FL 33952	
	uary 9, 2008	L0800 00 03055	
3. Da	ate of filing/registration in Florida	1. Document number	
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:	
	Registered Agent:	United States Corporation Agents, Inc.	
	Registered Office Address:	320 S Flamingo Road 347 Pembroke Pines, FL 33027	_ _ =
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent:	V Registered Office address:	SECRETAR VISION OF (
	NEW Registered Office Address:	21483 Meehan Avenue	
	(MUST BE FLORIDA STREET ADDRESS)	Port Charlotte, FL 33952 ,FL ,FL	
that a office hereb liabili limite	limited liability company is not organized under the lafter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by ty company or as otherwise provided in the articles of d liability company.	aws of the State of Florida, it is hereby con address of the registered office and the bu- se of a Florida limited liability company.	isiness t is
John /	A. Rowley d or typed name of signee)		
I here compl am fan F.S. (confir	eby accept the appointment as registered agent and agent with the provisions of all statules relative to the proposition of the projection of the projection of this document is being filed to merely reflect a company has been notified.	ree to act in this capacity. I further agree per and complete performance of my dutic as registered agent as provided for in Cha hange in the registered office address, I he in writing of this change.	to s, and I oter 608, ereby
(Signal	ure of Registered Agent)		