

L080000053242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

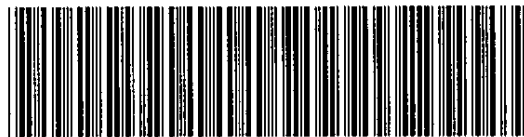
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900156667219

06/04/09--01001--005 \*\*25.00

RECEIVED

09 JUN -3 PM 2:41

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

09 JUN -3 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JUN - 4 2009

EXAMINER

# AUSLEY & MCMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET

P.O. BOX 391 (ZIP 32302)

TALLAHASSEE, FLORIDA 32301

(850) 224-9115 FAX (850) 222-7560  
Writer's Direct Line: (850) 425-5365

June 3, 2009

## VIA HAND DELIVERY

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

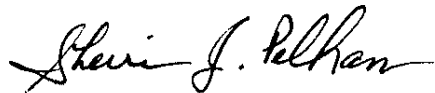
Re: Windix, LLC

Dear Sir or Madam:

Enclosed is a Statement of Change of Registered Office or Registered Agent or Both for Windix, LLC. Also enclosed is this firm's check in the amount of \$25.00 for the filing fee.

Please do not hesitate to call me if you have any questions. Thank you for your assistance.

Sincerely,



Sherri J. Pelham, CP, FRP  
Certified Paralegal

Enclosures

h:\tax\rap-ep\probate\lindsey\lrs\lrs ltr -6.3.09.doc  
017536.90095

FILED  
09 JUN -3 PM 3:35  
CLERK-TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WINDIX, 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:

Robert A. Pierce  
Name of Person

Ausley & McMullen  
Firm/Company

227 S. Calhoun St.  
Address

Tallahassee, FL 32301  
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert A. Pierce at (850) 224-9115  
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 following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
09 JUN -3 PM 3:35  
TALLAHASSEE, FLORIDA

**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: Windix, LLC

2. (a) Principal office address of limited liability company: 1882 Capital Circle NE  
☐ (Note: MUST BE STREET ADDRESS) Ste. 106  
Tallahassee, FL 32308

(b) Mailing address of limited liability company: \_\_\_\_\_  
☐ (Note: MAY BE POST OFFICE BOX) \_\_\_\_\_

May 29, 2008

3. Date of filing/registration in Florida

L08000053242

4. Document number

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

Registered Agent: Wm. Scott Lindsey

Registered Office Address: 1882 Capital Circle NE  
Suite 106  
Tallahassee, FL 32308

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

**NEW Registered Agent:** Robert A. Pierce

**NEW Registered Office Address:** 227 S. Calhoun Street  
**(MUST BE FLORIDA STREET ADDRESS)** Tallahassee, FL 32301

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.

Robert A. Pierce  
Signature of a member or authorized representative of a member

Robert A. Pierce  
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 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.*

Robert A. Pierce  
Signature of Registered Agent

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