## 209000038439

(Requestor's Name)		
(Address)		
- (Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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D. BRUCE APR 3 0.2009 **EXAMINER** 

## **COVER LETTER**

Division of Corporations		
SUBJECT:	WIND POWER SYSTEMS, LLC	
	(Name of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Regi	stered Office Change and fee(s) are submitted for filing.	
Please return all correspondence con	cerning this matter to the following:	
Edward C. Mungenast		
(Name of Person)	· .	E SE
Wind Power Systems, LLC		ARC A
(Firm/Company)	,	ARY SSE
512 NE 6 Avenue		AM II: 24 OF STATE
(Address)		新 24
Deerfeild Beach, FL 33441		-
(City/State and Zip Co	de)	
For further information concerning t	nis matter, please call:	
Christopher B. Knox	at ( 954 ) 476-9997	
(Name of Person)	(Area Code & Daytime Telephone Number	er)
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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	

## 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: WIND POV	VER SYSTEMS, LLC
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	V: 512 NE 6 AVENUE  DEERFIELD BEACH, FL 33441
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	(SAME)
April 21, 2009	L09000038639
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	EDWARD C. MUNGENAST
Registered Office Address:	512 NE 6 STREET  DEERFIELD BEACH, FL 33441
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	DEERFIELD BEACH
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)	t address of the registered office and the business
EDWARD C. MUNGENAST, MGR (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pri am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a c confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.
(Signature of Registered Agent)  Mac	<b>-</b>

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