L0900048041

	J				
(Requestor's Name)					
(Ac	idress)				
(Ac	ldress)				
(Cir	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
-					

Office Use Only



500170667345

03/08/10--01042--025 **25.00

T. CLINE

MAR - 9 2010

EXAMINER

FILL LU
2010 HAR -8 PH E: 48
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO:	Registration Section	
	Division of Corporations	

SUBJECT:	WINDSTAR SETTLEMENT, LLC					
	Name of Limited Liability Company					
Dear Sir or M	Iadam:					
The enclosed	Registered Agent/Registered	Office C	hange	and fee(s) are submitted	l for filing.
Please return	all correspondence concerning	g this ma	tter to	the follo	owing:	
	Sheila McCoy					
	Name of Person					
<u> </u>	Windstar Settlement, LLC	<u>;</u>	 			
	448 Riverside Dr.			_		
	Address					2010 SE TAL
Pal	m Beach Gardens, Florida City/State and Zip Code	33410		_		2010 MAR -8 SECRETARY TALLAHASSE
E-mail add	jody@windstarservices.co	m notification	n)	_		PHE: 48 OF STATE E. FLORID
For further in	nformation concerning this mat	ter, plea	se call	•		
	Jody Kennedy Name of Person	at (561) Area Code	935-62 & Daytime Telepho	
Regist Divisi Clifto 2661 1	CET/COURIER ADDRESS: tration Section on of Corporations n Building Executive Center Circle assee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enelo	osed is a check for the followi	ing amo	unt:			
	5 Filing Fee			5 Filing	Fee & Certified	d 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.

agent, or both, in the state of 1 tortua.	
Name of the limited liability company:	WINDSTAR SETTLEMENT, LLC
2. (a) Principal office address of limited liability co	ompany: WINDSTAR SETTLEMENT, LLC
(Note: MUST BE STREET ADDRESS)	448 Riverside Dr. Palm Beach Gardens, FL. 33410
(b) Mailing address of limited liability company	: WINDSTAR SETTLEMENT, LLC
(Note: MAY BE POST OFFICE BOX)	448 Riverside Dr. Palm Beach Gardens, FL. 33410
05-10-2010	L09000048041
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Dept. of State:
Registered Agent:	Sheila McCoy
Registered Office Address:	368 Country Club Dr. ASS Tequesta, Fl. 33469
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW Registered Agent</u> :	Sheila McCoy (No Change)
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)	
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the chof the members of the limited liability company or a or the operating agreement of the limited liability considerable. Signature of a member of authorized representative of a member	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
Jody Kennedy	
Printed or typed name of signec I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 606) F.S. Or, if this document is being file address. Thereby confilm that the limited liability confilms the limited liability confilms that the limited liability confilms the limited liability liability confilms the limited liability confilms the limited liability liabilit	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change.

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

Signature of Registered Agent