Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BAND LAW GROUP, P.L.

Account Number : 120090000020

: (941)917-0505

Phone Fax Number

: (941)917-0506

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC REGISTERED AGENT CHANGE WINDSTAR MANAGEMENT, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
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S. HAWKES

APR 2 0 2010

Electronic Filing Menu

Corporate Filing Menu

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| it #(((H10000088522 3))) | FICE OR REGISTERED AGENT OR |
| STATEMENT OF CHANGE OF REGISTERED OF BOTH FOR LIMITED LIABILITY COMPANY | FICE OR REGISTERED AGENT OR |
| Pursuant to the provisions of sections 608.416 or 608. liability company submits the following statement in ore agent, or both, in the State of Florida. | 508, Florida Statutes, the undersigned limited der to change its registered office or registered |
| Name of the limited liability company:WIN | IDSTAR MANAGEMENT, LLC |
| 2. (a) Principal office address of limited liability compar | ny: 15 PARADISE PLAZA, SUITE 300 |
| (Note: MUST BE STREET ADDRESS) | SARASOTA, FL 34237 |
| (b) Mailing address of limited liability company: | 15 PARADISE PLAZA, SUITE 300 |
| (Note: MAY BE POST OFFICE BOX) | SARASOTA, FL 34237 |
| APRIL 15, 2010 | L09000048117 |
| 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; | JOHN E. NAPOLITANO |
| Registered Office Address: | 100 WALLACE AVENUE, SUITE 240 SARASOTA, FL 34237 |
| (b) Enter name of NEW Registered Agent and/or NE | W Registered Office address: |
| NEW Registered Agent: | GREGORY S. BAND, ESQ. |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | ONE SOUTH SCHOOL AVE., SUITE 500 |
| | SARASOTA FL34237 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited hability company Signature of a member of authorized representative of a member | lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote |
| MARK WALTER, MANAGER Printed or typed name of signer | - |
| I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of an familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company | eree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change. |
| Simplify dell'inflored Kardy | |

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

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