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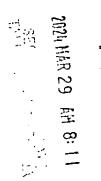
(Requestor's Name)								
(Address)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAI	IL							
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer								
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COVER LETTER

TO:	Registration Section Division of Corporations				
	CHIEWINDS ELECTRIC LLC				
SUBJ	ECT: GULF WINDS ELECTRIC, LLC. Na	me of Limited L	iability Company		
Dane	ir or Madam:				
Dear 3	of Madain.				
The er	closed Registered Agent/Registered Of	ffice Change and	I fee(s) are submitted for filing.		
Please	return all correspondence concerning t	his matter to the	following:		
MARI	CG. WILLIAMS				
	Name of Person				
GULF	WINDS ELECTRIC, LLC				
	Firm/Company				
P.O. B	OX 3327				
	Address				
Pensac	ola, FL 32516				
	City/State and Zip Code				
michel	le@gulfwindselectric.com				
I	-mail address: (to be used for future ar	inual report noti	fication)		
For fu	rther information concerning this matte	r, please call:			
MARI	CG. WILLIAMS	at (850) 607-9308		
	Name of Person		Area Code & Daytime Telephone Number		
	Mailing Address:		Street Address:		
	Registration Section		Registration Section		
	Division of Corporations		Division of Corporations		
	P.O. Box 6327		The Centre of Tallahassee		
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
			Tallahassee, FL 32303		
	Enclosed is a check for the following	ig amount:			
	■ \$25 Filing Fee	55 Filing Fee & Certified Copy			

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

l.	Na	ame of the limited liability company: GULF WINDS EL	ECT	RIC.	LLC.				 .
2	(a)	GULF WINDS ELECTRIC, LLC. MARK WILLIAMS		(b)	GULF WIN	NDS ELECTR	IC, LLC.	MARK W	ILLIAMS
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		7524 STAGECOACH ROAD			P.O. BOX 3	327		·	
		PENSACOLA, FL 32526	_		PENSACOI	LA, FL 32516			
		06/24/2009		1	.0900006167	79			
3.		Date of filing/registration in Florida	4.		Γ	Document nu	ımber		
5.	(a)	GULF WINDS ELECTRIC, LLC. WILLIAM BOND							
•	(-)	Registered Agent and Registered Office shown on the records of the	ne Floi	rida I	Dept. of State:				
		WILLIAM BOND					,1	28	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRI	<u> (283)</u>	 				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		719 S. PALAFOX STREET						AR 2	
		PENSACOLA , FL	32502	2			,	2024 HAR 29 NH 8: 11	
	(b)	MARK G. WILLIAMS						89. 	15 miles
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office	add	ress:				
		GULF WINDS ELECTRIC, LLC							
		NEW Registered Office Address:							
		7524 STAGECOACH ROAD							
		PENSACOLA , FL	32526	5					
ch ag wa	ange ent v as/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	regist bility f the l	erec con limit	l office and ipany, it is ed liability	the business hereby confi company or	office or rmed that	f the regis it the char	tered ge(s)
_		Mal My of	<u> </u>	4AR	K G. WILLI				
	_	ture of a member or authorized representative of a member				Printed or type		_	
pr th to	oviși e obi mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I ha d in writing of this change.	e to e perfor for i ereby	act i rmai n Ch cor	n this capae ice of my di iapter 605, ifirm that th	city. I furthe uties, and I a F.S. Or, if t he limited lia	r agree t im famili his docui bility coi	to comply ar with ar ment is be mpany ha.	with the id accept ing filed s been

Signature of Registered Agent