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K. SALY EXAMINER JAN - 9 2013

COVER LETTER

TO: Registration Section **Division of Corporations** Tradewinds Insurance Group, 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: Johnny R. Dorning Name of Person Tradewinds Insurance Group, LLC Firm/Company 15573 Caloosa Creek Circle Address Fort Myers, FL 33908 City/State and Zip Code johnnydorning@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Johnny Dorning Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section

Division of Corporations

Tallahassee, Florida 32314

■ \$55 Filing Fee & Certified Copy

P.O. Box 6327

INHS18 (5/08)

Division of Corporations

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

Clifton Building

■ \$25 Filing Fee

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: Tradewinds Inst	urance Group, LLC
2. (a) Principal office address of limited liability con (<i>Note: MUST BE STREET ADDRESS</i>)	npany: 15573 Caloosa Creek Circle Fort Myers, FL 33908
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	15573 Caloosa Creek Circle Fort Myers, FL 33908
7/21/2009	L09000069702
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:
Registered Agent:	Johnny R. Dorning
Registered Office Address:	15573 Caloosa Creek Cir.
	Fort Myers, FL 33908
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	no Change 15573 Caloosa Creek Circle
If the limited liability company is not organized under 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 char the members of the limited liability company or as off the operating agreement of the limited liability company. Signature of a member or authorized representative of member Jenniter A. Dorning Printed or typed name of signee I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirmed.	r the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote of herwise provided in the articles of organization or any.

Signature of Registered Agent