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(City/State/Zip/Phone #)

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S. YOUNG

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SOUTH FLORIDA  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**Seminole Wind Stables, LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**Brenda W Hobbs**

\_\_\_\_\_  
Name of Person

**Seminole Wind Stables, LLC**

\_\_\_\_\_  
Firm/Company

**821 S Griffin Shores Drive**

\_\_\_\_\_  
Address

**St. Augustine, FL 32080**

\_\_\_\_\_  
City/State and Zip Code

**b7hobbs@gmail.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Brenda W Hobbs**

**904**

**806-4610**

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

# LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

Seminole Wind Stables, LLC

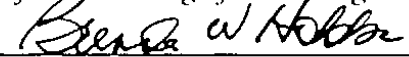
1. Name of the limited liability company: <u>1980 County Road 13A North</u>		<u>821 S Griffin Shores Drive</u>
2. (a) <u>Principal office address of limited liability company:</u> <i>(Note: <b>MUST BE STREET ADDRESS</b>)</i> <u>St Augustine FL 32092</u>	(b) <u>Mailing address of limited liability com</u> <i>(Note: <b>MAY BE POST OFFICE BOX</b>)</i> <u>St Augustine FL 32080</u>	
<u>11/29/2010</u>	<u>L10000122604</u>	
3. <u>Date of filing/registration in Florida</u> <u>Donald W Wallis</u>	4. <u>Document number</u>	
5. (a) <u>Registered Agent and Registered Office shown on the records of the Florida Dept. of State:</u> <u>780 North Ponce De Leon Blvd</u>		
<u>Registered Office Address</u> <i>(MUST BE FLORIDA STREET ADDRESS)</i>		
<u>St Augustine</u>	<u>32084</u>	<u>FL</u>
(b) <u>Brenda W Hobbs</u>		
<u>Enter name of <b>NEW Registered Agent</b> and/or <b>NEW Registered Office address</b>:</u>		
<u>821 S Griffin Shores Drive</u>		
<u><b>NEW</b> Registered Office Address:</u>		
<u>St Augustine</u>	<u>32080</u>	<u>FL</u>

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that all the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

<u></u> Signature of a member or authorized representative of a member	<u>Brenda W Hobbs</u> Printed or typed name of signee
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and a the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has be notified in writing of this change.

  
 Signature of Registered Agent