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> J. SAULSBERRY EXAMINER AUG 13 2012

COVER LETTER

•	tión Section n of Corporations				
SUBJECT: Winscott Holdings LLC Name of Limited Liability Company					
Dear Sir or Mad	lam:				
The enclosed R	egistered Agent/Registered (Office Change	and fee(s) are submitt	ted for filing.	
Please return al	l correspondence concerning	this matter to	the following:		
	Marie B Code, Esq				
	Marie B. Code Esq. P.L.		_		
	1308 SW 27th Terrace		_	2012 AUG 10 SECRETARY TALLAHASSE	
	Cape Coral FL 33914 City/State and Zip Code		_	E FE	!
E-mail address	marie@marieesquire.com s: (to be used for future annual report r	notification)	_	B# 22 TATE ORIDA	,
For further info	rmation concerning this matt	ter, please call	:	÷.	
	rie B Code, Esq	at (<u>239</u>) 829-0 Area Code & Daytime Telep		_
Registra Division Clifton E 2661 Ex	T/COURIER ADDRESS: tion Section of Corporations Building ecutive Center Circle see, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314		
Enclose	ed is a check for the following	ng amount:			
₹ \$25 I	Filing Fee	S \$	55 Filing Fee & Certifi	ied 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.

Name of the limited liability company:	Winscott Holdings LLC	
2. (a) Principal office address of limited liability comp	eany: 8961 Conference Dr. Ste 2	
(Note: MUST BE STREET ADDRESS)	Fort Myers, FL 33919	
(b) Mailing address of limited liability company:	8961 Conference Dr. Ste 2	
(Note: MAY BE POST OFFICE BOX)	Fort Myers, FL 33919	
05/10/2011	L11000055441	
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:	Code, Marie B Esq	
Registered Office Address:	1202 SE 8th Place Ste B Cape Coral FL 33990	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1308 SW 27th Terrace \(\frac{5}{2} \)	
	Cape Coral ,FL 33914	
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of or the operating agreement of the limited liability company or as of or the operating agreement of the limited liability company or as of or the operating agreement of the limited liability company or as of or the operating agreement of the limited liability company or as of or the operating agreement of the limited liability company.	le Florida street address of the registered office dentical. Or, in the case of a Florida limited (e(s)) was/were authorized by an affirmative vote therwise provided in the articles of organization	
Marie B Code, Esq Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent	nd agree to act in this capacity. I further agree to a proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.	

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