## 111000074069

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(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			
SHRI	FAIRWIND BUSINESS SOL	.UTIONS,	LLC	
5020		ne of Limited	d Liability Company	<del></del>
Dear :	Sir or Madam:			
The e	nclosed Registered Agent/Registered Off	ice Change :	and fee(s) are submitted for filing.	
Please	e return all correspondence concerning th	is matter to	the following:	
CYN	ITHIA M CLARK			
	Name of Person	-		
LAW	OFFICES OF CYNTHIA M CLAR	K		
	Firm/Company			مواد العالم
677	N WASHINGTON BLVD			201 17A1
-	Address			
SAR	ASOTA, FL 34236			2011 JUL 30 SECRETARY TALLAHASSI
	City/State and Zip Code		· <del></del>	
CFB	lakey@gmail.com			STATE STATE STATE
	E-mail address: (to be used for future ann	ual report n	otification)	\$6 <b>5</b>
For fu	urther information concerning this matter.	please call:		•
CYN	ITHIA M CLARK	941 at (	<sup>444-5958</sup>	
	Name of Person	ar (	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	

INHS18 (2/14)

## 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.

	me of the limited liability company: FAIRWIND BUS 3919 78TH DRIVE EAST		3010 79	TH DRIVE EAST	-		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	. (1	')	Mailing address of limite	d liability co		
	SARASOTA, FL 34243		SARAS	OTA, FL 34243			
	06/27/2011		L110000	74069			
3. 5. (a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS,	4. INC.		Document number			
-	Registered Agent and Registered Office shown on the records of the	Florid	a Dept. of Stat	te:			
	Registered Office Address (MUST BE FLORIDA STREET AD 13302 WINDING OAK COURT A	DRES	2)		SECA TALLA	2018 JUL	<b>**</b>
	TAMPA . FL	3612		<del>-</del>	HASS	ער 30	_
(b)	LAW OFFICES OF CYNTHIA M. CLARK, PLL	_	4 05 10 E	0 PU	1		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	flice at	ldress:		STATE JORIDA	2: 42	<u></u>
	NEW Registered Office Address: 677 N WASHINGTON BLVD			-			•
	SARASOTA FL3	4236		_			
the cha agent v was/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization of the operating agreement of the limited liability.	ne regi ility c the lin mited	stered offic ompany, it i nited liabilit liability cor	te and the business of is hereby confirmed to ty company or as oth mpany.	ffice of the that the ch	e registe ange(s)	ered )
Signa	use of a prepoer or authorized representative of a member	CA	RIJ. FAA	NES-BLAKEY  Printed or typed name	of signee		
I herei provisi the obl to mero notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete paigations of my position as registered agent as provided by reflect a change in the registered office address, I he is in writing of this change.  It the land the property of Registered Agent	e to ac erforn for in reby c	t in this cap ance of my Chapter 60: onfirm that	ancity I further nore	e to comp	ly with and ac being f ias hee	the cept iled n