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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Danumant Niggles)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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T. CLINE
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EXAMINER

SECRETARY OF STATE
TALLAHASSEE/FLORIDA

117 FFR 27 PM 1:

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	DECT: Winoward Name of Li	Directives mited Liability Company	
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning t	his matter to the following:	
	Catherine A. Pete Name of Person	KSON	
	Wind war Direct	tives	
	811 Waterside Drive	Suite 201	
	Venice FL 3 City/State and Zip Code	4285	
E	a peterson @ windward -mail address: (to be used for future annual report no	diretives. com	
For fi	urther information concerning this matte	r, please call:	
	Pathenine Peterson	at (941) 445 4134 =	
	Name of Person	Area Code & Daytime Telephone Number;	
	STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section	, . L.
	Registration Section	Registration Section SA N	Engagement
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	(m-z
	2661 Executive Center Circle	Tallahassee, Florida 32314	- 1
	Tallahassee, Florida 32301	7: 0 2: 15: 0	٠
	Enclosed is a check for the following	> 6a	
	\$25 Filing Fee	\$55 Filing Fee & Certified 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.

- ·	
1. Name of the limited liability company:	nund Directues
2. (a) Principal office address of limited liability compan	·
(Note: MUST BE STREET ADDRESS)	Suite 201
	Venice FL 34285
(b) Mailing address of limited liability company:	same
(Note: MAY BE POST OFFICE BOX)	
January 6,0012	412000003635
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	<u> </u>
Registered Agent:	Catherine A Peterson
Registered Office Address:	1118 BIRD BAY Way
	Venice FL 34285
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Nathenine A PETERSO
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	811 Naturside Drive
MACON DE L'EGRIDAT BARDET AEDRESS	Venice SFL 34285
If the limited liability company is not organized under the	laws of the State of Florida it is bereby
confirmed that after the change or changes are made, the I	Florida street address of the registered office
and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s	itical. Ur, in the case of a Floriga limited was/were authorized by an affirmative vote
liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	rwise provided in the articles of organization
or the operating agreement of the limited flability compan	y. Sim o
Signature of a member or authorized representative of a member	<u>~</u>
A	
Catherine A Peterson	
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 prand I am familiar with and accept the obligations of my perchapter 608, F.S. Or, if this document is being filed to me address, I pereby confirm that the limited liability comparate	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ty has been notified in writing of this change.
allhun How	
Signature of Registered Agent	

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