

L12000053077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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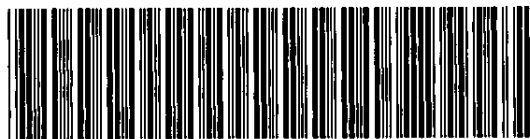
(Business Entity Name)

(Document Number)

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12 DEC - 3 AM 10: 53

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12 DEC - 3 AM 10: 19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. MCLEOD

DEC - 4 2012

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 440620 4311279

AUTHORIZATION :

A handwritten signature in cursive script, appearing to read "Lynelleman", written over the authorization field.

COST LIMIT : \$ 25.00

ORDER DATE : 12-03-12

ORDER TIME : 9:08 AM

ORDER NO. : 440620-005

CUSTOMER NO: 4311279

CHANGE OF AGENT

NAME: TRADE WINDS FARM SE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap -- EXT# 52951

EXAMINER: \_\_\_\_\_

**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: Trade Winds Farm SE, LLC
2. (a) Principal office address of limited liability company: 827 Forest Glen Lane  
Wellington, FL 33414  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: 827 Forest Glen Lane  
Wellington, FL 33414  
**(Note: MAY BE POST OFFICE BOX)**

- 4/18/12  
3. Date of filing/registration in Florida
- L12000053077  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Corporation Service Company

Registered Office Address: 1201 Hays Street  
Tallahassee, FL 32301

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Thomas D'Ambra

NEW Registered Office Address: 827 Forest Glen Lane  
**(MUST BE FLORIDA STREET ADDRESS)** Wellington 33414

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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(s) 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.

Thomas D'Ambra  
Signature of a member or authorized representative of a member

Thomas D'Ambra, Manager  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Thomas D'Ambra  
Signature of Registered Agent

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