

K. SALY
DEC - 7 2016

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 390992 4311279

AUTHORIZATION :

COST LIMIT : \$ 254.00

ORDER DATE : December 5, 2016

ORDER TIME : 12:34 PM

ORDER NO. : 390992-005

CUSTOMER NO: 4311279

CHANGE OF ADDRESSES

NAME: TRADE WINDS FARM SE, LLC

XX CHANGE OF AGENT ADDRESS

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender-EXT# 62956

EXAMINER'S INITIALS: _____

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SUFFICIENCY OF FILING

**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.

1. Name of the limited liability company: Trade Winds Farm SE, LLC
2. (a) 4290 Filer Cove Road
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Big Torch Key, FL 33042
- (b) 4290 Filer Cove Road
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Big Torch Key, FL 33042
3. 04/18/2012
Date of filing/registration in Florida
4. L12000053077
Document number
5. (a) Thomas D'Ambra
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
827 Forest Glen Lane
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Wellington, FL 33414
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
4290 Filer Cove Road
NEW Registered Office Address:
Big Torch Key, FL 33042

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
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 605, 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

FILED
2016 DEC -6 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA