(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/State/Zip/Filone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
SEP 2.7 2013					
A. LUNT					

Office Use Only

800251449838

09/23/13--01004--007 **25.00

COVER LETTER

. –	stration Section sion of Corporations				
SUBJECT: Tradewinds Luxury Homes, LLC Name of Limited Liability Company					
The enclosed	l Registered Agent/Registered Offi	ice Change and	d fee(s) are submitted fe	or filing.	
Please return	all correspondence concerning thi	is matter to the	e following:		
David I	D. Johnston				
	Name of Person				
				>: _{(m}	2(
	Firm/Company				333
264 Lo	ng Meadow Lane			1 4 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	2013 SEP 23
	Address			$\frac{1}{2}$	<u> </u>
Rotono	da West, FL 33947-	-1810		18/48 J	PH I: Q
	City/State and Zip Code				_
djohns	ton600@gmail.con	า			
E-mail add	lress: (to be used for future annual report noti-	fication)			
For further in	nformation concerning this matter,	please call:			
David .	Johnston	941)	302-6894		
	Name of Person	Are	a Code & Daytime Telephone	Number	
STRI	EET/COURIER ADDRESS:	MAILING ADDRESS:			
	stration Section	Registration Section			
DIVIS	ion of Corporations	DIVISIO	on of Corporations		

Enclosed is a check for the following amount:

■ \$25 Filing Fee

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

P.O. Box 6327

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited er to change its registered office or registered			
1. Name of the limited liability company: Tradewinds Luxury Hor	nes, LLC			
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	264 Long Meadow Lane Rotonda West, FL 33947-1810			
(Note: MUST BE STREET ADDRESS)	Tratellida West, 1 E 50047-1010			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	264 Long Meadow Lane Rotonda West, FL 33947-1810			
10/15/2012	L12000130904			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on				
Registered Agent:	David D Johnston			
Registered Office Address:	2504 N. Beach Road (2) N			
	Englewood, FL 34223			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>				
<u>NEW</u> Registered Agent:	David D Johnston			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	264 Long Meadow Lane			
	Rotonda West ,F _ 33947-1810			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	lorida street address of the registered office tical. Or, in the case of a Florida limited			
Signature of a member or authorized representative of a member	-			
David D Johnston Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my particle to the chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compand	ngree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.			

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

Signature of Registered Agent