U13000047820

(Re	questor's Name)	,				
(Ad	dress)					
(Ad	ldress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	ısiness Entity Na	me)				
(Do	ocument Number)				
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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L13-47820 Stmtchange RA/RD

12/29/15--01028--018 **25.00

15 DEC 29 PH 12: 55

DEC 3 0 2015 N. CAUSSEAUX

COVER LETTER

TO:

Registration Section

Divi	ision of Corporations					
SUBJECT:	. Windemere by the Sea, LLC					
SCHOLET.	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change and I	fee(s) are submitted for filing.			
Please return	nall correspondence concerning th	is matter to the f	ollowing:			
Stewart C	apps					
	Name of Person		_			
Stewart B.	. Capps, PA					
	Firm/Company		_			
325 5th Av	venue Suite 208					
·	Address		_			
Indialantic	FL, 32903					
	City/State and Zip Code		_			
	appspa@aol.com					
E-mail	address: (to be used for future ann	ual report notific	cation)			
For further in	nformation concerning this matter,	please call:				
Chris McC	Quade	571	402-3273			
	Name of Person		Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314			
Encl	losed is a check for the following	amount:				
2 \$2	25 Filing Fee	□ \$55	5 Filing Fee & Certified Copy			
INUS18 (2/14	n					

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. N	ame of the limited liability company:	Windemere by	the Sea	, LLC				
2. (a)	4300 Prince William Parkway		(b) 4300 Prince William Parkway					
()	Principal office address of limited li (Note: MUST BE STREET)		_ (5/_		niling address of limit (Note: MAY BE PO)			
	Woodbridge, Virginia 22192		_ <u>v</u>	Voodbrid	ge, Virginia 22	192		
	04/01/2013		 L1	3000047	⁷ 820			
3.	Date of filing/registration in	n Florida	4.	D	Oocument number	•		
5. (a)	Stewart B. Capps							
(,	Registered Agent and Registered Office sho	wn on the records of th	e Florida De	pt. of State:				
	8226 N. Wickham Road							
	Registered Office Address (MUST BE I	LORIDA STREET A	DDRESS)					
	Suite 201					<u> </u>	5	16-4144-537
	Melbourne	, FL ⁽	32940			LAHASS	DEC '	,ener.
(b)	Stewart B. Capps Enter name of NEW Registered Agent and	or NEW Registered	Office addre			or s	29 PM 12:	14
	325 Fifth Avenue					SET SET	25	, ACL
	NEW Registered Office Address:		 			7		
	Suite 208							
	Indialantic	. FL	32903					
the ch agent was/w	limited liability company is not organ ange or changes are made, the Florida will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating	a street address of the Florida limited lial of the members of	the register bility comp the limite imited liab	red office a pany, it is b d liability	and the business of hereby confirmed company or as of bany.	office of the ch	e regist lange(s	tered ()
Sign	ature of a member or authorized representative	of a member			Printed or typed name	of signee		
I here provis the ob to men notifie	pby accept the appointment as registe ions of all statutes relative to the pro- ligations of my position as registered rely reflect a change in the registered at in writing of this change	red agent and agre per and complele p agent as provided office address, I h	ee to act in performand for in Cha ereby conf	this capac ce of my di apter 605, irm that th	city. I further agr uties, and I am far F.S. Or, if this do the limited liability	ree to comp miliar with ocument is r company i	ly with and ac being f has bee	the reept filed in

Signature of Registered Agent