113000069729

(Requestor's Name)					
(Address)					
(Address)					
(City	//State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Doc	cument Number)				
Certified Copies	Certificates	s of Status			
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04/21/14--01028--010 **35.00



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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Windward Compass LLC

Name of Corporation

DOCUMENT NUMBER: L130000697129

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barry A. Compagnoni

Name of Contact Person

Windward Compass LLC

Firm/Company

17 Spinnaker Point Ct.

Address

Indian Harbour Beach, FL 32937

City/State and Zip Code

barrycompagnoni@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry A. Compagnoni

..808

333-2525

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



April 29, 2014

Barry A. Compagnoni Windward Compass LLC 17 Spinnaker Point Ct. Indian Harbour Beach, FL 32937

SUBJECT: WINDWARD COMPASS, LLC

Ref. Number: L13000069729

We have received your document for WINDWARD COMPASS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a limited liability company and the form that you submitted is for a Florida corporation. I have enclosed the correct form for you to fill out and return to us.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 714A00009124

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. Na	ame of the limited liability company: Windward C	Compas	s, LLC	_	
2. (a)	Windward Compass, LLC		(b) Win	dwa	rd Compass, LLC
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	17 Spinnaker Point Ct.		17 S	pinn	aker Point Ct.
	Indian Harbour Beach, FL 32937		India	n H	arbour Beach, FL 32937
	05/13/2013		L1300	0006	9729
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	Registered Agents, Inc.				
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					:
in the state of th					
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	1201 Hays Street				
	Tallahassee , F	_{FL} 3230	1		PHED PHED PHED
(b)	Registered Agents, Inc.				-n I
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office	address:		() () () () () () () () () ()
	REGISTERED AGENTS INC				P -
	NEW Registered Office Address:				
3030 N. Rocky Point Drive, STE 150A					
	Tampa, F	_{L_3360}	07		
the cha agent v was/we the arti Signal I herei provisi the obl to mere	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the description of the description of authorized representative of a member by accept the appointment as registered agent and a conso of all statutes relative to the proper and completing in the registered agent as provided to the proper and completing the proper in the registered office address, if in writing of this change.	of the reliability s of the limited	gistered of company imited liability LA LLY	office y, it is ibility y com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Company CEO Printed or typed name of signee
Signatu	re of Registered Agent	Dan	Keen	-	President