Division of Corporations Electronic Filing Cover Sheet

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	Division of Co	rporations	
	Fax Number	: (858)617-6383	
From:			~
	Account Name	: C T CORPORATION SYSTEM :	2019
	Account Number	: FC4800000023	
	Phone	: (614)280-3338	S
	Fax Number	: (954)208-0845	- 32
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LLC REGISTERED AGENT CHANGE WINDOVER FORT MYERS BEACH, LLC

Certificate of Status	0
Certified Copy	0
l'age Count	02
Estimated Charge	\$25.00

T. CLINE

JAN -3 2019

EXAMINE

Electronic Filing Menu

Corporate Filing Menu

Help

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	une of the limited liability company: WINDOVER F				
2. (a)_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liab	Vailing address of limited liability company: 1. Note: MAY BE POST OFFICE BOX		
	3525 BONITA BEACH RD., SUITE 105 BONITA SPRINGS, FL 34134-4157				
	5/17/2013		13000075023		
3.	5/17/2013 Date of filing/registration in Florida	4.	Document number		
	R & A AGENTS, INC Registered Agent and Registered Office shown on the records of	the Florida Dep	ot. of State:		
	Registered Office Address <u>(MUST BE FLORIDA STREET</u> C/O MARK J. PRICE 850 PARK SHORE DRI	VE, THIRD		2- NVF 6102	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office addres	ET OF STATE	. E. [.) 2 AK 10: 29	
	NEW Registered Office Address:			\$	
	1200 South I'me Island Road				
	Plantation F	L <u>33374</u>			
the ch agent	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	iability comp of the limited	any, it is hereby confirmed that it if liability company or as otherwise	he change(s) se provided in	
Sign	ature of a member of authorized representative of a member		Pfinted or typed habit of sig		
I here provis the ob-	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet oligations of my position as registered agent as provid rely reflect a change in the registered office address, l gd in writing of this change.	e perjamical led för in Cha I hereby confi	this capacity. I further agree to w of my duties, and I am familiar opter 605, F.S. Or, if this docume from that the limited liability comp	comply with the with and accep on is being filed oany has been	
CTO	Corporation System Jac M James M. Ha aure of Registered Agent Assistant Secret	Ipin tary			
	Division of Cornerations & P. ()	Roy 6327 = 1	Tallahassee, FL 32314		

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