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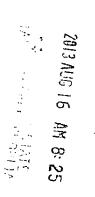
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J. SAULSBERRY EXAMINER

AUG 19 2013

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: 241 FOUR WINDS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**DONNA WINTERS** 

Name of Person

241 FOUR WINDS LLC

Firm/Company

628 NE MARANTA TERRADO

Address

JENSEN BEACH, FL 34957

City/State and Zip Code

WINTERSDON@AOL.COM

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

For further information concerning this matter, please call:

DONNA WINTERS

.772

225-7558

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$30 Filing Fee & Certificate of Status

S55 Filing Fee & Certified Copy

☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (4/13)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: 241 FOUR WINDS LLC				<del></del>
<ol> <li>(a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)</li> </ol>	628 NE MARANTA TERRADO			·
(MACL MOST BE STREET MEDITIES)	JENSEN BEACH, FLORIDA 34957			
(b) Mailing address of limited liability company:	PO BOX 1445	<del></del>		
(Note: MAY BE POST OFFICE BOX)	JENSEN BEACH, FL 34958-1445			
JUNE 10, 2013	£13000083518			
<del></del>	4. Document number		<u></u>	
5. (a) Registered Agent and Registered Office shown on the	the records of the Florid	a Dept.	of Sta	te:
Registered Agent:	UNITED STATES CORPORATION	N AGENTS,	INC	
D 1 1000 411		{	<u> </u>	
Registered Office Address:	13302 WINDING OAKS COURT SUITE A	<del></del>	=	11
	TAMPA, FL 33612	<del> </del>	<del>- 35</del> -	
			5	;
(b) Enter name of NEW Registered Agent and/or NEV	W Registered Office ac	<u>idress</u> :	AM	; <b>;</b> ; ;
NEW Registered Agent:	DONNA WINTERS	<u> </u>	<u> </u>	
NEW Registered Office Address:	628 NE MARANTA TERRADO	<u></u>	25	
(MÚST BE FLORIDA STREET ADDRESS)	JENSEN BEACH	.FL 34957		
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.  Signature of a member of authorized representative of a member	lorida street address of t ical. Or, in the case of a was/were authorized by	the regis a Florid v an aff	stered o a limit irmativ	office ed re vote of
MARVIN L SASSLER				
Printed or typed name of signee	<del></del>			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pre and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capac oper and complete perfo sition as registered age rely reflect a change in y has been notified in w	city. I fi ormance nt as pr the reg riting of	urther of my covided istered this c	agree to duties for in office hange.
Signature of Registered Agent				
VIRGINION V V INVELLIGION I IRVIII				

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