## #114000024528

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi <sub>l</sub>	o/Phone #)
PICK-UP W	AIT MAIL
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(Document N	umber)
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K.SALY EXAMINER FEB 2 4 2014

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Newer Winter Properties ((C) Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Teresa Carado Name of Person		
Nover Winter Properties UC		
7865 Carriage Pointe Dr. Address		
Cribsonton Fl 33534 City/State and Zip Code		
Neverwinter ma outlook lon E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Teresa Conrado at (8/3) 470-8709		
Name of Person  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton Executive Center Circle Tallahassee, Florida 32301  Area Code & Daytime Telephone Number  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  \$25 Filing Fee & Certified Copy		

INHS18 (12/13)

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

Pursuant to the provisions of sections 605.0114, 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:	Winter Properties (CC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	Gibsonton PC 33534
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Some Profession
February 12, 2014  3. Date of filing/registration in Florida	<u>L 140000 Z4528</u> 79.  4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State.
Registered Agent:	Legaline Corporate Services Inc.
Registered Office Address:	2846 NW 77h Ave.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address:  Tecsa Concado
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7865 Grage Pointe Dr. Gibonton FL 33534
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as others the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office
Jaan Conrado	
Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pander 605, F.S. Or if this document is being filed to had accept the companies of my panders, I hereby confirm that the limited liability companies.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.

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

INHS18 (12/13)