## 40013248

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

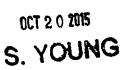
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## COVERLETTER

TO: Registration Section Division of Corporations				
SUBJECT: 200 Wyndemere Way #304	LLC			
Nam	ne of Limited Liability Company			
Dear Sir or Madam:	·			
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filin	ng.		
Please return all correspondence concerning th	nis matter to the following:			
Gwen B. Bauer				
Name of Person				
200 Wyndemere Way #304 LLC				
Firm/Company				
1609 Chinaberry Way				
Address		199 m 10		
Naples, FL 34105		PILED IN # 59		
City/State and Zip Code		- O		
gbbauer24@me.com				
E-mail address: (to be used for future ann	nual report notification)			
For further information concerning this matter,	, please call:			
Stuart E. Woodard, CPA	401 789-1037			
Name of Person	Area Code & Daytime Tel	lephone 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	☐ \$55 Filing Fee & Certified Co	ру		

INHS18 (2/14)

## 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	Name of the limited liability company: 200 Wynden	nere Way	#304 LLC
2. (a)	1609 Chinaberry Way, Naples, FL 34105	(b)	336 MAINSTREET, WAKEFIELD, RI 0287
. ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.	September 30, 2015  Date of filing/registration in Florida	 4.	CC8666930984  Document number
5. (a	Registered Agent and Registered Office shown on the records of	C.1 101 11 10	60.
	Deavers Tax & Accounting Professionals In		ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET		
	3920 Via Del Rey 3	ADDRESSI	The St
		34134	
(b)			ess: 5 Fi
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	ess: PS 呈 U
	Gwen B. Bauer		- 59 - 59
	NEW Registered Office Address:		
	1609 Chinaberry Way		
	Naples , FI	34105	
the ch agent was/w	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the	f the registe lability com of the limite	pred office and the business office of the registered spany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	Hven D Bever	Gwer	B. Bauer
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I ad in writing of this change.	ree to act in performaned for in Ch hereby con	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been

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

Signature of Registered Agent