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SECRETARY OF STATE
TALLAHASSEE FLORIDA
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MAR 1 0 2015 T. CARTER

## **COVER LETTER**

Registration Section

Division'of Corporations				
SUBJECT: Trade Wind Productions LLC 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:				
Tiffony Pendaruis Name of Person				
Tradewind Productions UC Firm/Company				
P.O. Box 1214 Keystone Heights FL 32666				
KeyStone Heights FL 321,56 City/State and Zip Code				
+ reade wind Reductions 1 a gmail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Tim Rollins at (904) 769 - 3223  Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

¥ \$25 Filing Fee

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.	Na	ame of the limited liability company: Tradewind Productions U.C.		
2.		The I Polyment The I Produce	y compar	ıy:
		1491 South US 17 PO Box 1214		
		Green Cove Springs FL 32043 Keystone Heights FL 36	2666	2
3.		October 17th 2014 L140001102221  Date of filing/registration in Florida  4. Document number	<del></del>	<del>~~~~</del>
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
		23800 Le 7th Ave	5	SE
		Jawta/	MAR	CRE
		T. Com D. Darda avia	2	ASSI ASSI
į	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	₽	F 9 5
			ယ္	NO.
		NEW Registered Office Address:	7	NDA TE
		1491 South US 17		
		Green Caue Springs , FL 32043		
the age	cha nt v	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed ange or changes are made, the Florida street address of the registered office and the business office of will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the ere authorized by an affirmative vote of the members of the limited liability company or as otherwise	the reg	istered (s)
the	arti	icles of organization or the operating agreement of the limited liability company.	novide	JG III
<u>C</u>	ignat	ture of a permber of authorized representative of a member  Printed or typed name of signee	<del></del>	·.·
I hiprothe to not	erel visi obli nere ified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to consists of all statutes relative to the proper and complete performance of my duties, and I am familiar will ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document ely reflect a change in the registered office address, I hereby confirm that the limited liability compand in writing of this change.	nply wi th and is being y has b	ith the accept g filed een
Sig	natu	re of Registered Agent		

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