Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (858)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:___

LLC REGISTERED AGENT CHANGE WINDOVER 4268 TARPON, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

T. CLINE JAN -8 2019

EXAMINER

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Corporate Filing Menu

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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

| | me of the limited liability company: WINDOVER 42 | , L | ١ | |
|---|---|------------------------|-------------------------------|---|
| a) | Principal office address of limited liability company: | _ (0 |) | failing address of limited liability company: |
| | (Note: MUST BE STREET ADDRESS) | | | (Note: MAY BE POST OFFICE BOX) |
| | 3525 BONITA BEACH ROAD, SUITE 105 | _ | | |
| | BONITA SPRINGS, FL 34134-4157 | | | |
| | LA 2 / 2015 | | L1500000 | 06743 |
| | Date of filing/registration in Florida | - 4. | | Document number |
| | | | | |
| (a) | R & A AGENTS, INC. | | 1 of State | <u>-</u> |
| (, | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of State | : |
| | Registered Office Address | 4DDRESS | <u>)</u> | - |
| | THURD BLOOD NIADLES EL | | | |
| | C/O MARK I PRICE 850 PARK SHORE DRIV | <u> </u> | KO PLOOI | R NAPLES, FL ANASSET |
| | | | | |
| | | | | contract of |
| | | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office ud | ldress: | 19 JAN -2 AM 10: 2 TANASSEL OF STATE |
| | Enter hand of the Assessment | | | 5 5 5 |
| | C T Corporation System | | | 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | NEW Registered Office Address: | | | - |
| | 1200 South Pine Island Road | | | |
| | 12007 South Pine Island Room | | | |
| | <u>Plantation</u> F | L <u>33374</u> | | |
| ., | limited liability company is not organized under the la | ws of the | e State of Fl | orida, it is hereby confirmed that after |
| e ch | ange of changes are made, the Florida street address of | 1 1110 000 | | a baraby confirmed that the change(s) |
| ent | ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I vere authorized by an aftirmative vote of the members | iability c | ompany, ici nited liabilit | y company or as otherwise provided in |
| as'w | vere authorized by an attirmative vote of the incliners ticles of organization or the operating agreement of the | e limited | liability cor | npany. |
| | ticles the organization of the operation | | | King Andiew |
| C (11) | sature of a member of authorized representative of a member | _ | | Printed or regold name of signee |
| | 4 | ree to a | er in this car | pacity. I further agree to comply with th |
| Sign | | · | nance of my | |
| Sign her | eby accept the appointment as registered agent and as | | | |
| Sign her | | | Chapter 60 confirm tha | t the limited liability company has been |
| Sign heri rovi; re ol | stons of an statutes retained to the provide bligations of my position as registered agent as provide welly reflect a change in the registered office address, and in writing of this change. | led för in I hereby | Chapter 60 confirm tha | t the limited liability company has been |
| Sign heri rovine of me otific | | led för in I hereby | Chapter 60 confirm tha | t the limited liability company has been |

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