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(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 17 AUG 18 AM 9: 17 AUG AND AND AND A
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850-656-4724

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	Thank you!

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____

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:

Augusto Navarro

Name of Person

Firm/Company

2828 COACOOCHEE ST

Address

MIAMEFL, 33133

City/State and Zip Code

anavarro@sukugroup.com

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

For further information concerning this matter, please call:

Augusto Navarro	305 467-7504 at ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the follow	ing amount:
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

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.

(a)		(t)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability comp. (Note: MAY BE POST OFFICE BO.	
	2828 COACOOCHEE STREET		2828	28 COACOOCHEE STREET	D D
	MIAMI, FL 33133	<u> </u>	MIA	IAMI, FL 33133	
	06/04/2015		L150	5000097830	
	Date of tiling/registration in Florida	4.		Document number	
(a)					
	Registered Agent and Registered Office shown on the records o ROZENCWAIG & NADEL, LLP	f the Florida	ı Dept.	t. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>.)</u>		
	301 W HALLANDALE BEACH BLVD				
	HALLANDALE BEACH, F	L		17 AUG	
b)				j j	
. (Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ad	dress:		
	C T Corporation System			<u> </u>	
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation, F	I			
ihan it w 'we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lange of the members eles of organization or the operating agreement of the	iws of the of the regis iability co of the lim	stered ompan ited li iabilit	d office and the business office of the re any, it is hereby confirmed that the chang liability company or as otherwise provid	gist re(s

I hereby accent the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

C T Corporation System By: Signature of Registered Agent

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

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