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

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LLC REGISTERED AGENT CHANGE WINDOVER 109 KAULA, LLC

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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. WINDOVER 109 KAULA, LLC Name of the limited liability company: Mailing address of limited liability company: Principal office address of limited liability company: (Note: MAY BE POST OFFICE HOX) (Nate: MUST BE STREET ADDRESS) 3525 BONITA BEACH RD., STE. 105 3525 BONITA BEACH RD., SUITE 105 BONITA SPRINGS, FL BONITA SPRINGS, FL 34134-4192 34134-4192 L16000230121 12/21/2016 Document number Date of filing/registration in Florida 3. (a) PRICE, MARK J Registered Agent and Registered Office shown on the records of the Florida Dept. of State: OSUST BE FLORIDA STREET ADDRESS) Registered (Mice Address 850 PARK SHORE DR., THIRD FLOOR NAPLES, FL 34103-3587 Finer name of NEW Registered Agent and/or NEW Registered Office address: CT Corporation System **NEW Registered Office Address:** 1200 South Pine Island Road Plantation.

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or autorized representative of a member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all standes 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 filled 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.

A. Oxon James M. Halping

Printed or typed dame of signee

notified in writing of this change.

CT Corporation System James M. Halpin
Signature of Registered Agent Assistant Secretary

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

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