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	Account Number : FCA000000023		
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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.

1. Na	one of the limited liability company: WINDOVER 266	576 HI	CKORY, LLC
2. (a)_	Principal office address of limited liability company:	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	(<u>Note: MUST BE STREET ADDRESS</u>) 3525 BONITA BEACH RD., SUITE 105		3525 BONITA BEACH RD., STE. 105
	BONTTA SPRINGS, FL 34134-4192		BONITA SPRINGS, FL 34134-4192
	4/20/2017		L17000088194
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	PRICE, MARK J		
(,	Registered Agent and Registered Office shown on the records of the l	Florida L	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADI	R NAPLES, FL 34103-3587	
	850 PARK SHORE DR., THIRD	FLOO	R NAPLES, FL 34103-3587
(b)	Enter name of NEW Registered Agent and/or NEW Registered Off C T Corporation System	## 9:31 ## 31	
	NEW Registered Office Address:		······································
	1200 South Pine Island Road	<u>-</u> .	
	Plantation FL.33	324	
the cha agent v wasiwe	imited liability company is not organized under the laws of inge or changes are made, the Florida sueet address of the will be identical. Or, in the case of a Florida limited liabilere authorized by an affirmative vote of the members of the loss of organization or the operating agreement of the limited liabiles.	e registe lity con re limit	pred office and the business office of the registered opany; it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	BOX		Brum Agusar
I herel provisi the obl to mere notified	ture of a member of authorized Representative of a member by accept the appointment as registered agent and agree in of all statutes relative to the proper and complete per ligations of my position as registered agent as provided for elsy reflect a change in the registered office address, I here if in writing of this change, opportuning System Assistant Secretary	コリアノファントトラノフィ	over at mix minure and cam immidial with imid access

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