

**L1700019060**  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

**\*\*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  
BARLOVENTO LLC**

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

**FILED**  
21 MAR 31 AM 7:59  
FLORIDA DEPARTMENT OF STATE

2021 MAR 31 PM 4:00

**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. Name of the limited liability company: BARLOVENTO LLC
2. (a) 1039 NORTHERN WAY  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
WINTER SPRINGS, FL 32708
- (b) 1039 NORTHERN WAY  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
WINTER SPRINGS, FL 32708
3. 06/13/2017  
Date of filing/registration in Florida
4. L17000129060  
Document number
5. (a) NORTHWEST REGISTERED AGENT LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
7901 4TH ST N  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
STE 300  
ST PETERSBURG, FL 33702
- (b) MARTHA E PULTZ  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1039 NORTHERN WAY  
NEW Registered Office Address:  
WINTER SPRINGS, FL 32708

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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.

MARTHA E PULTZ

Signature of a member or authorized representative of a member

MARTHA E PULTZ

Printed or typed name of signer

*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 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.*

MARTHA E PULTZ

Signature of Registered Agent