

L18000213424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

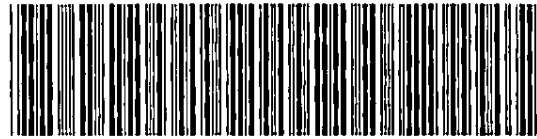
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

RAJG
10-30-18
L13

COVER LETTER

TO: Registration Section
Division of Corporations

WINWAY HOMES LLC

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:

MATTHEW R CARR

Name of Person

WINWAY HOMES LLC

Firm/Company

2115 BELLEAIR RD

Address

CLEARWATER, FLORIDA, 33764

City/State and Zip Code

mrcarr@tampanewhomes.com

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

For further information concerning this matter, please call:

MATTHEW R CARR 941 779-3046

at ()

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee☐ \$55 Filing Fee & Certified Copy

**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.

WINWAY HOMES LLC

1. Name of the limited liability company: _____

2. (a) Principal office: _____ Mailing address: _____

Principal office address of limited liability company: _____ Mailing address of limited liability company: _____

(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

2115 BELLEAIR RD PO BOX 320694

CLEARWATER, FL 33764 TAMPA, FL 33679

09/07/2018 L18000213424

3. Date of filing/registration in Florida 4. Document number

5. (a) Current Registered Agent

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

MATTHEW R CARR

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

2115 BELLEAIR RD

CLEARWATER, FL 33764

(b) NEW Registered Agent

Enter name of NEW Registered Agent and/or NEW Registered Office address:

JUSTIN C FLYE

NEW Registered Office Address:

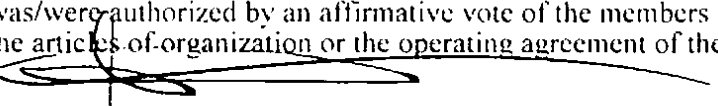
10205 4TH ST E

TREASURE ISLAND, FL 33706

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SECRETARY OF STATE
TALLAHASSEE, FL

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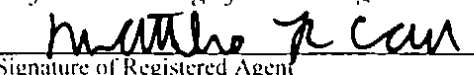
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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 authorized representative of a member

FLYE, JUSTIN C

Printed or typed name of signee

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.


Signature of Registered Agent