

L18000265762

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

From: Account Name : LEGALZOOM.COM INC.
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STATE OF FLORIDA
CLERK OF STATE

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC REGISTERED AGENT CHANGE
WINDSOR HEALTH, LLC

Table with 2 columns: Description and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (04), and Estimated Charge (\$55.00).

DEC 17 2018

A. LUNT

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WINDSOR HEALTH, LLC  
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:

Cheyenne Moseley  
Name of Person

Legalzoom.com, Inc.  
Firm/Company

101 N. Brand Blvd., 10th Floor  
Address

Glendale, CA 91203  
City/State and Zip Code

TemenoLLC@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley at ( 800 ) 773-0888 ext 9724  
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

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18 DEC 14 AM 8:55  
TALLAHASSEE, FLORIDA

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: WINDSOR HEALTH, LLC

2. (a) 12157 West Linebaugh Avenue, "Suite 230" (b) 12157 West Linebaugh Avenue, "Suite 230"
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Tampa, FL 33626 Tampa, FL 33626

3. 11/13/2018 Date of filing/registration in Florida 4. L18000265762 Document number

5. (a) Terrence Diaz
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
12157 West Linebaugh Avenue, "Suite 230"
Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)
Tampa, FL 33626

(b) United States Corporation Agents, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
13302 Winding Oak Court, Suite A
NEW Registered Office Address:
Tampa, FL 33612

18 DEC 14 AM 8:56
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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.

Signature of a member or authorized representative of a member: Terrence Diaz
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.

CHEYENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.
Signature of Registered Agent