12/12/24, 4:04 PM

Division of Corporations

Florida Department of State Division of Comorago

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Io:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600

Fax Number

Email Address:_

: (323)389-0502

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

LLC REGISTERED AGENT CHANGE WINTER BREEZE AIR LLC

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NEC 1 6 2024

COVER LETTER

TO:	Registration Section
	Division of Corporations

INH\$18 (2/14)

To:

SUBJECT: WINTER BREEZE	AIR LLC
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	range and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Mike Town	
Name of Person	
Legalzoom.com, Inc.	
Firm/Company	
9900 Spectrum Dr	
Address	
Austin, TX 78717	
City/State and Zip Code	
julien@g-homeusa.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call:
Mike Town	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 Tallahassec, Florida 32301 Enclosed is a check for the following amounts	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
□ \$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 affice or registered agent, or both, in the State of Florida.

1. N	Tame of the limited liability company: WINTER	BK		AIR LLC
2. (a)			(b)	
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		1	Mailing address of limited hability company. (Note: MAY BE POST OFFICE BOX)
	912 Symphony Beach Ln		912 Syn	nphony Beach Ln
	Apollo Beach, FL 33572		Apollo B	Beach, FL 33572
	07/02/2019		L190001	72526
3.	Date of filing/registration in Florida	4.		Document number
5. (a)			
(4	Registered Agent and Registered Office shown on the records of FREDERIC BARTHE PA 2ND FLOOR	the Flori	la Dept. of State	- ::
	Registered Office Address (MUST BE FLORIDA STREET) 17 SE 24TH AVE	ADDRES	<u>2)</u>	
	Pompano Beach , FL	3306	2	•
(b)	Enter name of NEW Registered Agent and/or NEW Registered UNITED STATES CORPORATION AGENT NEW Registered Office Address: 476 Riverside Ave.			APPROVED FILED FIL
	Jacksonville	32202	<u> </u>	
Signal I here provise the obto mer notifie	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attire of amender or authorized representative of a member why accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provided in writing of this change. Enk Treutlein, ASSISTANT SECRETARY, Incompany attents agents.	vs of the reg ability c of the lin limited Ju wee to ac perform d for in hereby c	e State of Floistered office ompany, it is nited liability combined Bourni of the Bour	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. Val Printed or typed name of signee The city. I further agree to comply with the duties, and I am familiar with and accept I.F.S. Or, if this document is being filed

Signature of Registered Agent