## M0100000 1486

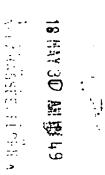
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Office Use Only



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05/29/18 --01048--061 \*\*/5.50



JUN 0 1 2018

## 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	ame of the limited liability company: WINDWARD PC	DINTE II,	, L.L.C.
2.	(a)	6262 Sunset Drive	(b	yistana Signature Experiences, Inc.
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(3,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
				Legal Dept., 9002 San Marco Court
		Miami, FL 33143	_	Orlando, FL 32819
		07/05/2001		M01000001486
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	Corporation Creations Network, Inc.		
	` ,	Registered Agent and Registered Office shown on the records of t	he Florida	
		11380 Prosperity Farms Road, #221E		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	
				- 1
		Palm Beach Gardens , FL	33410	<u> </u>
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	Office add	denote:
		Isher hanc of NEW Registered Agent and/of MEW Registered	Office add	utess.
		1201 Hays Street		
		NEW Registered Office Address:		
				<del></del> _
		Tallahassee FL_	32301	
the ago	e cha ent v is/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liable.	the regis ability co f the limi limited li	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
(	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
pre the to	oviși 2 obl mere	by accept the appointment as registered agent and agre ons of all statules relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I h I in writing of this change	ee to act performa I for in C iereby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed Onfirm that the limited liability company has been
		en M Key		
Si	gnatu	te of Registered Agent Corporation Service Company	BY: Aı	mi M. Casper, Asst. Vice President

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