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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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2012 APR 16 PM 3: 48
SECRETARY OF STATE

J. BRYAN

APR 17 2012

EXAMINER

COVER LETTER

Division of Corporations	
	E WIND DEVELOPMENT LLC
Name of 1	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:
SEBASTIEN STUDER	
Name of Person	
WORLD WIDE WIND DEVELOPM Firm/Company	ZUIZ APR 16 PH 3: 48 SECRETARY OF STATE TALLAHASSEE. FLORIDA 6F
407 LINCOLN ROAD SUITE	APR 16 PH CRETARY OF CRETARY OF CRETARY OF CRETARY OF
Addless	FLOG S.
MIAMI DEACH EI 22444	RATE 48
MIAMI BEACH FL33141 City/State and Zip Code	
•	•
seh_studer@vahoo.fr	
Seb studer@yahoo.fr E-mail address: (to be used for future annual report r	notification)
For further information concerning this matt	er, please call:
SEBASTIEN STUDER	_at (713)598 4157
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	ng amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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:WORLD_\	WIDE WIND DEVELOPMENT LLC
2. (a) Principal office address of limited liability company	y:
(Note: MUST BE STREET ADDRESS)	407 LINCOLN ROAD SUITE 6F. MIAMI BEACH FL 33139 US
(b) Mailing address of limited liability company:	·
(Note: MAY BE POST OFFICE BOX)	407 LINCOLN ROAD SUITE 6F MIAMI BEACH FL 33139 US
October 10, 2008	M08000004577
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	STUDER, SEBASTIEN
Registered Office Address:	407 LINCOLN ROAD SUITE 12C MIAMI BEACH FL 33139 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address of STUDER, SEBASTIEN
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	407 LINCOLN ROAD SUITE OF MIAMI BEACH FL 33139 US
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
SEBASTIEN STUDER	
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

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

Signature of Registered Agent