

MID000000 3626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

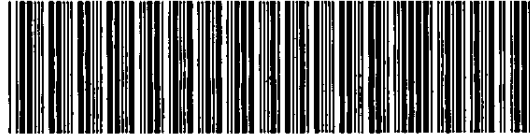
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000282235500

02/26/16--01020--012 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB 26 PM 8:12

FEB 29 2016

S. YOUNG

HUSCH BLACKWELL

Tammy S. Eddings
Paralegal

4801 Main Street, Suite 1000
Kansas City, MO 64112
Direct: 816.983.8878
Fax: 816.983.8080
tammy.eddings@huschblackwell.com

February 16, 2016

Florida Secretary of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: WINCO MFG., LLC

Dear Sir or Madam:

Enclosed please find the executed Statement of Change of Registered Office/Agent for the above named entity. Please also find enclosed the check for \$25.00 to cover the filing fee. Please file and return a copy to me at your convenience. If you have any questions or issues with this request please feel free to contact me. Thank you.

Sincerely,

Tammy Eddings (by CLB)
Tammy Eddings
Paralegal

Enclosures

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB 26 PM 8:12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WINCO MFG., 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:

Tammy Eddings

Name of Person

Husch Blackwell LLP

Firm/Company

4801 Main Street Suite 1000

Address

Kansas City, MO 64112

City/State and Zip Code

tammy.eddings@huschblackwell.com

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

For further information concerning this matter, please call:

Tammy Eddings

at (816) 983-8878

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

FILED
STAFF
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 FEB 26 PM 8:12

**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: WINCO MFG., LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

11 South Meramec Ave. Ste 1430

St. Louis, MO 63105

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

5516 SW 1st Lane

Ocala, FL 34474

7/14/2010

M10000003126

3. Date of filing/registration in Florida

4. Document number

5. (a) C T CORPORATION SYSTEM

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

(b) James M. Ankoviak

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

NEW Registered Office Address:

5516 SW 1st Lane

Ocala, FL 34474

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]
Signature of a member or authorized representative of a member

Jim Ankoviak
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]
Signature of Registered Agent

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB 26 PM 8:13