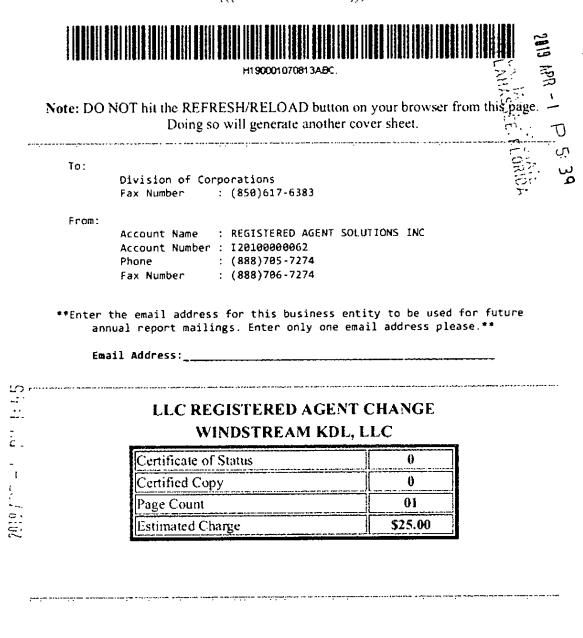
⊖ 04/01/2019 9:45 AM 4/1/2019

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000107081 3)))



Electronic Filing Menu Corporate Filing Menu

Help

** → 18506176383

H190001070813

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE			
	Nar	ne of Limited Liability Company	
Dear Si	r or Madam:		
The end	:losed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	781 TÀ
Please 1	return all correspondence concerning th	nis matter to the following:	TALLAHASSI
Ма	ry Castillo		753/16
	Name of Person		71.
Regis	tered Agent Solutions, Inc.		RIDA
	Firm/Company		
1701	Directors Blvd, Suite 300		
	Address		
Austir	n, TX 78744		
	City/State and Zip Code		
notice	es@rasi.∞m		
E	-mail address: (to be used for future an	nual report notification)	
For fur	ther information concerning this matter	r, please call:	
Ма	ry Castillo	at ()	
	Name of Person	Area Code & Daytime Teleph	ione 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 followin	g amount:	
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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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	me of the limited liability company: WINDST	RE	AM KDI	L, LLC				
		-	h)					
2. (4)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	`	М	uiling address of lir (Note: MAY BE F	nited liability o	этрапу:		
	4001 RODNEY PARHAM ROAD		4001 RO	NEY PARHA	M ROAD			
	LITTLE ROCK, AR 72212		LITTLE	ROCK, A		72212		
	05/14/2015	_	M1500	000379	2 2 2 3 3 3 3	-17		
3.	Date of filing/registration in Florida	4.	i	Document numb	()			
5. (a)						111		
` '	Registered Agent and Registered Office shown on the records of t	he Florie	a Dept. of State:		<u> </u>	D		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: CTCORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STREET ADDRESS)								
	Registered Office Address (MUST BE FLURIDA STREET A	DDRES	<u>S)</u>			.		
	1200 SOUTH PINE ISLAND ROAD				•			
	PLANTATION, FL 33324							
4								
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office *	ddress:					
		•						
	Registered Agent Solutions, Inc.							
	NEW Registered Office Address:							
	155 Office Plaza Dr., Suite A							
	Tallahassee, FL	3230						
the cha agent v	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ability of the li	istered office company, it is nited liability	and the busines hereby confirm company or as	s office of th ed that the cl	e registered nange(s)		
/s/ K	risti Moody	K	risti Moo	dy	Man	ager		
Signa	ture of a member or authorized representative of a member			Printed or typed na	me of signee			
provisi the obt to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I) d'in writing of this change.	ee to a perfori d for in acreby	ct in this capa nance of my d Chapter 605, confirm that t	city. I further a luties, and I am F.S. Or, if this he limited liabil	gree to com familiar with document is ity company	ply with the and accept being filed has been		
Ciana	Justine Karnell							
Signatu	are of Egistered Agent Assistant Secretary							
Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 FILING FEE: \$25.00								