MKD000011081

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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JNS-19



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	04/04/2019	
Name:	Joy Weaver	
	nce #:1063714	
Entity N	NORTHWIND IN	STALLATION SERVICES, LLC
	Articles of Incorporation/Authoriz	ation to Transact Business
	Amendment	
(Change of Agent	
	Reinstatement	
	Conversion	
<u> </u>	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Authori	zed Amount: \$25.00	
Signatu	ire: Joy Weaver	

F: 800.944.6607

F: +852.2682.9790

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

(a)		(b)	
(,	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company: tNote: MAY BE POST OFFICE BOX)
	No Change	<u>N</u>	o Change
	December 10, 2018		M18000011081
	Date of filing/registration in Florida	4.	Document number
(a)	CT Corporation System		
(11)	Registered Agent and Registered Office shown on the record	ls of the Florida Dep	pt, of State:
	1200 South Pine Island Road		
	Registered Office Address	EET ADDRESS)	
	Plantation	, FL_33324	TALLAHASS
(b)	COGENCY GLOBAL INC.		APR -4
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office addres	<u>s</u> :
	115 North Calhoun St., Suite 4		5. F. LONE: 15. 15.
	NEW Registered Office Address:	······································	75 A
	Suite 4		
	Tallahassee	, FL 32301	
cha nt v s/wo	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the member icles of organization or the operating agreement of	ss of the register ed liability comp ers of the limited	ed office and the business office of the registe cany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
/ M	larlene K. Bosworth	Marlen	e K. Bosworth
	Signature of a member or authorized representative of a member		Printed or typed name of signee

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.

/S/ Tim Mayville

Signature of Registered Agent

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