Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC REGISTERED AGENT CHANGE WINDHAM WORKSHOP LLC

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JUL - 6 2022

COVER LETTER ,

TO: Registration Section Division of Corporations

WINDHAM WORKSHOP LLC

15129570210

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:

Joshua Murphy			
Name of Person			
Registered Agent Solutions, Inc.			
Firm/Company			
Corporate Center One, 5301 Southwes	st Pkwy, Ste 4	-00	
Address			
Austin, TX 78735			
City/State and Zip Code			
E-mail address: (to be used for future and	mal report notif	cation)	
For further information concerning this matter	, please call:		
Joshua Murphy	888	705-7274	
Name of Person	,	Area Code & Daytime Tele	ephone Number
STREET/COURIER ADDRESS:		AILING ADDRESS:	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$25 Filing Fee & Certified Copy

INHS18 (2/14)

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.

. Name of the limited liability company: WIN	DHAM WORKSHOP LLC
(a) 404 WEST 48TH STREETAPT.	1C (b) 404 WEST 48TH STREETAPT.1C
Principal office address of limited liability con (Note: MUST BE STREET ADDRES.	mpany: Mailing address of limited liability company:
NEW YORK, NY 10036	NEW YORK, NY 10036
10/8/2020	M2000008988
Date of filing/registration in Florid	a 4. Document number
(a) BLUMBERG CORPORATE SE	RVICES, INC.
Registered Agent and Registered Office shown on the	e records of the Florida Dept. of State:
155 OFFICE PLAZA DF	RIVE1ST FL.
Registered Office Address (MUST BE FLORID:	4 STREET ADDRESS)
TALLAHASSEE,	_{F1} 32301
Registered Agent Solutions	, Inc. 2
Enter name of NEW Registered Agent and/or NEW	Registered Office address:
455 Office Plaza Dr	ب ب الله الله الله الله الله الله الله ا
155 Office Plaza Dr.	
NEW Registered Office Address:	
Suite A	
Tallahassee	. FL 32301
the change or changes are made, the Florida street	ider the laws of the State of Florida, it is hereby confirmed that after address of the registered office and the business office of the registere i limited liability company, it is hereby confirmed that the change(s) members of the limited liability company or as otherwise provided in nent of the limited liability company.
Damaris Molina	Damaris Molina Authorized Person
Signature of a member or authorized representative of a me	
rovisions of all statutes relative to the proper and he obligations of my position as registered agent o merely reflect a change in the registered office (notified in writing of this change.	ent and agree to act in this capacity. I further agree to comply with the I complete performance of my duties, and I am familiar with and accept as provided for in Chapter 605, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability company has been
Mackenzie Hart, Asst. S. Signature of Registered Agent	ecretary ————