M85972

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A. RIVERS MAR - 7 2023

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of FLORIDA der to change its registered office or registered agent, or both, in the State of Florida.
1. The man of	f the corporation: WIND-DORF U.S.A., INC.
2. The principa	al office address: 9671 S ORANGE BLOSSOM TRAIL, ORLANDO, FL 32837
	g address (if different):
4. Date of inco	prporation/qualification: 06/13/1988 Document number: M85872
	nd street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)
	LIGHTSEY & ASSOCIATES, P.A.
	C/O ALTON L. LIGHTSEY, ESQ.
	2105 PARK AVENUE NORTH, WINTER PARK, FL 3279
6. The name ar (if changed)	and street address of the new registered agent (if changed) and /or registered office ALTON L. LIGHTSEY
	222 W. COMSTOCK AVENUE, SUITE 200
	P.O. Box NOT acceptable
	WINTER PARK, FL 32789
The street add as changed wi	dress of its registered office and the street address of the business office of its registered agent, ill be identical.
Such change v authorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
	Rasu Para Production ?
I hereby accept further agree of my duties, a document is be corporation h	pt the appointment as registered agent and agree to act in this capacity. The the appointment as registered agent and agree to act in this capacity. The the comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agents or, if this solve filed merely to reflect a change in the registered office address. I hereby confirm that the last been notified in writing of this change. Signature of Registered Agent Printed or typed name and title Prin
If signing on b	behalf of an entity:
	Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *

CR2E045 (04/13)