N0200005573

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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJI	ECT: FAIRWINDS CONDOMINIUM INCORPORATED Name of Corporation				
DOCE	MENT NUMBER: N0200005573				
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	,				
Bill Smith					
Name of Contact Person					
S/3 Consulting Group, LLC					
Firm/Company					
19534 Gulf Blvd # 202					
	Address				
Indian Shores, FL 33785-3202					
City/State and Zip Code					
	billsmithz@aol.com				
E-mail address: (to be used for future annual report notification)					
For fur	ther information concerning this matter, please call:				
<u>G</u>	regory Murray at Cell \$13-368-9412 Name of Contact Person Area Code & Daytime Telephone Number				
Enclos	sed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

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

statement of chai	provisions of sections 607.0502, 617.0502, 6 nge is submitted for a corporation organized	d under the laws of the State of <u>F</u>	lorida	
	r to change its registered office or registered			
1. The name of the		DOMINIUM INCORPORA	NED	
2. The principal				
	INDIAN SHORES F			
3. The mailing ac	ddress (if different):_Fairwinds c/o S/		•	
<u> </u>		# 202, Indian Shores, Fl	_ 33785-3202	
4. Date of incorp	oration/qualification: 07/22/2002	Document number: N020	00005573	
	street address of the current registered agent ment of State: (If resigned, enter resigned)	at and registered office on file with	1 the	
	GALPIN, JULIA E	يس يو مدينه د د مخه د		
	553 S. DUNCAN			
	CLEARWATER FL 33756	3	SE 1941 SE	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): MURRAY, GREGORY				
	2158 Feather Sound Driv	/e	2: ST/ FL00	
P.O. Box NOT acceptable				
	Clearwater FL 33762		P	
The street address changed will	ss of its registered office and the street add be identical.	dress of the business office of its	registered agent,	
Such change wa authorized by the	s authorized by resolution duly adopted by board, or the corporation has been notifi	y its board of directors or by an oled in writing of the change.	officer so	
		Gregory Murray		
I hereby accept a I further agree to of my duties, and document is bein	the appoinment as registered agent and a comply with the provisions of all statute, and accept the obligating filed merely to reflect a change in the reflect notified in writing of this change.	Printed or typed name and till igree to act in this capacity. It is relative to the proper and completed tion of my position as registered egistered office address. I hereby		
9		September 14, 200	9	
	ature of Registered Agent	Date		
If signing on bel	half of an entity:			
Ту	ped or Printed Name			

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