

N14 00000 5929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

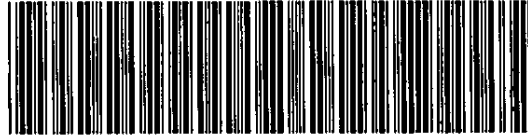
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/10/16--01021--017 \*\*35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MAY 12 2016  
C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE K2WIND FOUNDATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N14000005929

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN LEVITT

Name of Contact Person

UPC MANAGEMENT LLC

Firm/Company

501 BRICKELL KEY DRIVE, #410

Address

MIAMI, FL 33131

City/State and Zip Code

slevitt@upcmgmt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN LEVITT

Name of Contact Person

at ( 305 ) 416-6101

Area Code & Daytime Telephone Number

Enclosed 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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE K2WIND FOUNDATION, INC.
2. The principal office address: 501 BRICKELL KEY DRIVE, SUITE 410  
MIAMI, FL 33131
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/18/2014 Document number: N14000005929
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JOHN WALLINGTON

501 BRICKELL KEY DRIVE, SUITE 410

MIAMI, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

STEVEN LEVITT

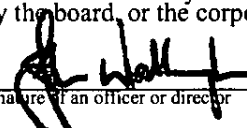
3900 HOLLYWOOD BLVD., SUITE PH-5

P.O. Box NOT acceptable

HOLLYWOOD, FL 33021

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

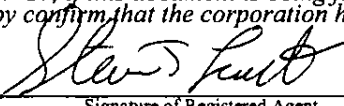
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

JOHN WALLINGTON

\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

5-5-16  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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