

N170000 10647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

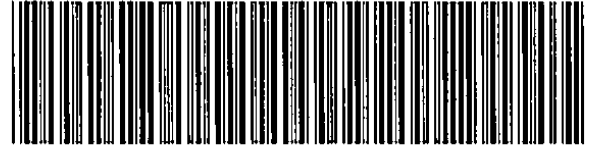
(Business Entity Name)

(Document Number)

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PALM BEACH COUNTY, FLORIDA

2/18/19

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Sarasota Winds North II Inc.**

Name of Corporation

DOCUMENT NUMBER: **N17000010647**

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:

Wilma Papa

Name of Contact Person

Firm/Company

4000 N Tuttle Avenue

Address

Sarasota FL 34234

City/State and Zip Code

wilmapapa@gmail.com

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

DEPARTMENT OF
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Wilma Papa

Name of Contact Person

at (**908**) **500-2862**

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**

Cop

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: Sarasota Winds North II Inc.
2. The principal office address: 4000 N Tuttle Avenue
Sarasota FL 34234
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/12/18 Document number: N17000010647
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)

Lee Jay Collins
529 Versailles Driv Suite 103
Maitland FL 32751 US

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

Daniel Perry
4767 New Broad St #1007
P.O. Box NOT acceptable
Orlando FL 32814-6405

TALLAHASSEE, FLORIDA

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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.

Wilma Papa
Signature of an officer or director

Wilma Papa, Treasurer
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.

Daniel Perry
Signature of Registered Agent

01/28/2019
Date

If signing on behalf of an entity:

Daniel Perry
Typed or Printed Name

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