

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		***************************************

Office Use Only



200079759542

09/19/06--01005--020 \*\*35.00

DE SEP 19 PM 2: 16

Ps 9/20/06

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: WINTER HOUEW DESIGN GROUPING, (Name of Corporation)
DOCUMENT NUMBER: P\$ 1\$ \$\$\$ 368\$6
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:
(Name of Contact Person)  WINTER HOUSEW DESSON GOLD INC.
(Firm/Company)
(Address)
TORT LOJOER DOCE IL 33305 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954, 529 - 9000) (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 Florida.
1. The name of the corporation: WINTER HOURS DESIGN GROUP, NOC.
2. The principal office address: 206 # moon 500
FLAGLER BEACH FL 32136
3. The mailing address (if different): 100 HE DO NOE 123305
4. Date of incorporation/qualification: 4 Document number: P p p p p 6 8000
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
ALAN STONDER CPA
ALAN STONOER PA
4040 SHERLDON ST. Hollywood FC
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
STEWPET ROBIN
1601 NE 20THUE 80 3 1
(P.O. Box NOT acceptable)
FOUT LOURDINCE PC 35300 55 5
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 goard, or the corporation has been notified in writing of the change.
(Signature of an officer or director)  (Signature of an officer or director)  (Printed or typed name and title)  (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.
4-13-06
(Signature of Registered Agent) (Date)
If signing on 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
CR2E045 (8/05)

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