P05000090078

Fled Kurlinsky (Requestor's Name)
(Requestor's Name)
218 S. Monrie St. #701
(Address)
Talanussec, FL 32301
(Address)
850-728-75 8 5
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
Windhaven Managers Inc.
(Business Entity Name)
PUSUU090078 (Document Number)
(Document Number)
Certified Copies Certificates of Status
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DEPAIL OF STATE.
INVISION OF CORPORATIONS
TALL AHASSEE, FLORIDA

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RAChange

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Windhaven Managers, Inc.	
2. The principal	office address: 7205 Corporate Center Drive, Suite 200, Miami, Florida 33126	_
3. The mailing a	address (if different):	_
4. Date of incorp	poration/qualification: 6/23/2005 Document number: P05000090078	_
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the rtment of State:	
	Fred E. Karlinsky	
	2000 W. Commercial Blvd Ste 232	
	Ft. Lauderdale, Fl 33309	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office Fred E. Karlinsky	
	Fred E. Karlinsky	_
	100 SE 3 Avenue - 23rd Floor	•
	(P.O. Box NOT acceptable) Ft. Lauderdale, Fl 33394	<i>Q</i> 1
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.	
(Signatu	Jimmy Whited, President (Printed or typed name and title)	
I hereby accept I further agree to of my duties, an document is bein corpordition has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I emfaniliar with and accept the obligation of my position as registered agent. Or, if this ng filed perely to reflect a change in the registered office address, I hereby confirm that the s been natified in writing of this change.	
(Sig	gnature of Registered Agent) (Date)	
	half of an entity:	
(T	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 (8/05)