## P05000090078

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Windhaven Managers, Inc.

Name of Corporation

DOCUMENT NUMBER, P05000090078

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:

Jill D. Carabotta, Esq.

Name of Contact Person

Windhaven Managers, Inc.

Firm/Company

8550 NW 33rd Street, Suite 400

Address

**Doral**. FL 33122

City/State and Zip Code

jill.carabotta@windhaveninsurance.com

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

For further information concerning this matter, please call:

Jill D. Carabotta

<sub>at</sub> 786 709-4

Name of Contact Person

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

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