Electronic Filing Cover Sheet

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To:

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From:

Account Name

: SHUTTS & BOWEN LLP (ORLANDO)

Account Number : I20030000004

Phone

: (407)835-6959

Fax Number

: (407)843-4076

R. WHIFFETER the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

> __ robertcross@greenway.com Email Address:

REGISTERED AGENT CHANGE WINTER HAVEN VENTURES, INC.

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Corporate Filing Menu

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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 in order to change its registered office or registered agent, or both, in the State of Florida.

١.	The name of the corporation: WINTER HAVEN VENTURES, INC.	
2.	The principal office address: 9001 East Colonial Drive. Orlando, FL 32817	
3.	The mailing address (if different):	
4.	Date of incorporation/qualification: February 3, 2006 Document number: P06000016951	
5.	The name and street address of the current registered agent and registered office on file with the Flo Department of State: (If resigned, enter resigned)	
	Fowler White Boggs P.A.	
	50 North Laura Street, Suite 2800	
	Jacksonville, FL 32202	
6. TI	The name and street address of the new registered agent (if changed) and /or registered office (if office):	
	Corporation Company of Orlando	
	300 South Orange Ave., Suite 1000 (JGH) P.O. Box NOT acceptable	
	Orlando, FL 32801	
Th cha	e street address of its registered office and the street address of the business office of its registered agent, as anged will be identical.	
Su- by	ch change was authorized by resolution duly adopted by its board of directors or by an officer so authorized the board, or the corporation has been notified in writing of the change.	
•	TEDU CEO _ Edward M. Alden CEO	
	Signature of an officer or director Edward M. Alden, CFO Printed or typed name and title	
l hi I fi iny doc coi	ereby accept the appointment as registered agent and agree to act in this capacity. In the agree to comply with the provisions of all statutes relative to the proper and complete performance of a duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this cument is being filed merely to reflect a change in the registered office address. I hereby confirm that the poration has been notified in writing of this change.	
	rporation Company of Orlando /	
By	Signature of Registered Agent September 25, 2013 Signature of Registered Agent Date	
if s	signing on behalf of an entity:	
<u>). (</u>	Gregory Humphries. Vice President Typed or Printed Name	
	* * * FILING TEE, CZZ NO * * *	

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

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