P0900078518

David -	t. Se	75	
David T. Serf (Requestor's Name)			
dipu	iiddle k	Liver de Guite	
(A	ddress)	Suite	
It) all	1. b) 3	3304 600	
(Address)			
(C	city/State/Zip/Pho	ne #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	es of Status	
Special Instructions to Filing Officer:			
		1	
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July open of son

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

statement of cha	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu hange is submitted for a corporation organized under the laws of the State of FLC der to change its registered office or registered agent, or both, in the State of Floric	PRIDA
1. The name of	of the corporation: WIND AT WORK, INC.	
2. The principal	al office address: 5 GLENEAGLES ROAD, LIMERICK PA 19468	
3. The mailing a	g address (if different):	
4. Date of incorp	orporation/qualification: 9/21/2009 Document number: P090	00078518
	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	;
	CORPORATION SERVICE COMPANY	g sa
	1201 HAYES STREET	AAA -
	TALLAHASSEE FL 32301	T JUN
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office):	FILED 20 AM STORE FRO
	DAVID T. SEIF	9: 55 -041/E
	915 MIDDLE RIVER DR. STE 600 P.O. Box NOT acceptable	<i>≨™</i> 55
	FORT LAUDERDALE, FL 33304	
The street addre	lress of its registered office and the street address of the business office of its registle ill be identical.	istered agent,
Such change wa authorized by th	was authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	cer so
Description of Signature	Dorald Fleishman	<u>n</u>
	pt the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complet and I am familiar with and accept the obligation of my position as registered ag eing filed merely to reflect a change in the registered office address, I hereby co as been notified in writing of this change.	
Done	2 June 15 2011 Date Date	
	Date of Registered Agent	
ii signing on be	behalf of an entity:	
Ту	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)