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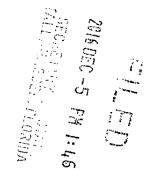
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COVER LETTER

TO: Amendment Section **Division of Corporations**

WINDSTREAM ASSOCIATES, INC.

Name of Corporation

P10000079274

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:

Harbor Compliance

Name of Contact Person

Harbor Compliance

Firm/Company

48-50 W Chestnut St Ste 301

Address

Lancaster, PA 17603

City/State and Zip Code

kimdorr@gmail.com

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

For further information concerning this matter, please call:

Harbor Compliance

Name of Contact Person

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

statement of chai	nge is submitted for a corporation org	0502, 607.1508, or 617.1508, Florida S ganized under the laws of the State of _ gistered agent, or both, in the State of I	Florida	
1. The name of the	he corporation: WINDSTREAM	ASSOCIATES, INC.		
2. The principal	office address: 604 NE 2nd St.	231, Dania Beach, FL 33004	4	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 09/28/201	0 Document number: P1000	0079274	
5. The name and		ed agent and registered office on file w		
	ORR, KIM D			
	604 NE 2nd St. 231			
	Dania Beach, FL 33004			
6. The name and (if changed):	-	agent (if changed) and /or registered of	2016 DEC	224
	REGISTERED A	AGENTS INC.		1
	3030 N. Rocky Point Di	rive, STE 150A NOT acceptable	· 治疗。 c n	
	Tampa, FL 33607	пот ассрии		
The street addre	ess of its registered office and the str be identical.	eet address of the business office of i	ts registered agent	t,
Such change was authorized by the	as authorized by resolution duly ador the board, or the corporation has been	oted by its board of directors or by an inotified in writing of the change.	officer so	
10		Kim D. Orr, President		
I hereby accept I further agree to performance of	my duties, and I am familiar with ar	Printed or typed name and till and agree to act in this capacity. Statutes relative to the proper and contidered accept the obligation of my position reflect a change in the registered officed in writing of this change.	nplete n as registered	
Sign	Pall and Agent	12/01/2016		
If signing on be	half of an entity:	·		
Bill Havre	e/Assistant Secretary			
T	yped or Printed Name			

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