P12000063895

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000254587460

12/16/13--01030--012 **35.00

13 DEC 16 PM 4: 03

Ra change

COVER LETTER ,

TO: Amendment Section Division of Corporations

_{subject:} Windsor Consolidated Holdings, Inc.

Name of Corporation

DOCUMENT NUMBER:

P12000063895

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:

Joseph R. Gillette

Name of Contact Person

Windsor Consolidated Holdings, Inc.

Firm/Company

204 4th Avenue, #1251

Address

Indian Rocks Beach, FL 33785

City/State and Zip Code

joe@windsorconsolidated.com

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

For further information concerning this matter, please call:

Joseph R. Gillette

.727

827-2163

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

FILEU

CR2E045 (03/12)

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

•	provisions of sections 607.0502, 617.0		
-	ange is submitted for a corporation or; er to change its registered office or reg	•	
	the corporation: Windsor Consol		
1. The name of	office address: 204 4th Avenue	#1251 Indian Rocks Bear	
2. The principal	office address: 201 Till 7 (Vollado	, ii 1201, indidir Rooko Boak	511, 1 2 007 00
3 The mailing of	address (if different):		
J. The manning a	address (11 different)		
4. Date of incor	poration/qualification: 07/20/2012	2Document number: P120	00063895
	d street address of the current registere artment of State: (If resigned, enter resigned)		with the
	Joseph R. Gillette		_
	9355 113th Street North, #	8034	_
	Seminole, FL 33775		_
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered of	office
	Joseph R. Gillette		_
	204 4th Avenue, #1251		
	P.O. Box NOT acceptable		
	Indian Rocks Beach, FL 33	3/85	_
The street address changed will	ess of its registered office and the stre l be identical.	eet address of the business office of	its registered agent,
Such change was authorized by the	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by ar notified in writing of the change.	ı officer so
, w	ire of anothicer or director	Joseph R. Gillette, CEC	
I hereby accept I further agree performance of agent. Or, if th	t the appointment as registered agent to comply with the provisions of all s my duties, and I am familiar with an iis document is being filed merely to r that the corporation has been notifie	and agree to act in this capacity. tatutes relative to the proper and co d accept the obligation of my positic reflect a change in the registered off	ompleten on as resister as ice address. I
((N	1 Hete	12/13/2013	C C C
	endure of Registered Agent	Date	ma R
a signing on oc	Saut of an oning.		#: 03
T	yped or Printed Name	, ,	
	* * * FILING	fee: \$35.00 * * * (mclose))

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)