

P15000020230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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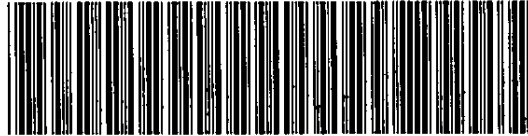
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY 26 AM 9:52

MAY 27 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LOWELL AT WINDMILL, INC
Name of Corporation

DOCUMENT NUMBER: P15000020230

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:

SUSAN SERRATS
Name of Contact Person

LOWELL HOMES INC
Firm/Company

1537 SAN REMO AVE
Address

CORAL GABLES FL 33146
City/State and Zip Code

SERRATS@LOWELHHOMESINC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN SERRATS at 305, 577-8550
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**

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.

1. The name of the corporation: LOWELL AT WINDMILL, INC
2. The principal office address: 1537 SAN REMO AVE
CORAL GABLES, FL 33146
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 3/4/15 Document number: P15000020230
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
SIDNEY L. KAHN, III
11380 PROSPERITY FARMS RD #221E
PAUM BEACH GARDENS FL 33410

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SIDNEY L. KAHN, III
1537 SAN REMO AVE
CORAL GABLES, FL 33146

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

S. L. Kahn, III SIDNEY L. KAHN, III
Signature of an officer or director Printed or typed name and title
SIDNEY L. KAHN, III PRES OF LOWELL AT WINDMILL, INC
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

S. L. Kahn, III 5/20/16
Signature of Registered Agent Date
SIDNEY L. KAHN, III PRESIDENT OF
If signing on behalf of an entity: LOWELL AT WINDMILL, INC.

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 (03/12)

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