105 00000 4997

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
	ocument Number)	
ertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		128
	Office Use Only	18



400064150184

U1/20/06--UTUD7--008 **25.00

SECHANZO AMII: 16

COVER LETTER

Division of Corporations
SUBJECT: LAGOON ENTERTAINMENT LCC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAMES ANDREWS (Name of Person)
LAGOON ENTERTAINMENT LLC
-3301 RICKENBACKER CAUSEWAY
KEY BISCAYNE, FL 33149 (City/State and Zip Code) (City/State and Zip Code)
For further information concerning this matter, please call:
TAMES at (305) 361-0788 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301

\$55 Filing Fee & Certified Copy

INHS18 (8/05)

\$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: LAGOON FNTERTAINMENT LL		
2. The mailing address of the limited liability company is: 3301 RICKENBACKER CAUSE		
KEY BISCAYNE, FL 33149		
1/18/2005 3. Date of filing/registration in Florida L0500004997 4. Document number		
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:		
AYMAN MOUMINA Name		
8826 W. FLAGLER STREET, #112 Address MIAMIFL 33174 City, State and Zip		
6. The name and address of the new registered agent and/or office:		
6. The name and address of the new registered agent and/or office: JAMES ANDREWS STEED STEED		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signapore of a member or authorized representative at amember) (Printed of typed name of signee)		

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 obligations of my position as registered agent as provided for in Chapter 608, F.s. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Sibrabure of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**

INHS18 (8/05)