## L10000110313

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## COVER LETTER

TO: Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: Dark S	tar Cloud LLC	
Name of Limited Liability Company		
Dear Sir or Madam:		
The sector of Decision 1 According to 1000 to	Characteristics (Characteristics of Characteristics of Characteristics)	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
Deiner M. Ciltheut		
Rainer N. Filthaut Name of Person		
,		
IRC Investor Services LLC		
Firm/Company	·	
3838 Tamiami Trail N. Suite 416		
Address		
Naples, FL 34103-3586		
City/State and Zip Code		
rainer@inter-realty.com  E-mail address: (to be used for future annual report notification)		
•		
For further information concerning this matter, ple	ase call:	
Rainer N. Filthaut at (_	239 ) 213-4000	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
<b> √</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy	



Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Contact: Rainer N. Filthaut

Direct Line: (239) 213 4002

E-Mail: rainer@inter-realty.com Naples,7/12/2011

Re: Dark Star Cloud LLC

Dear Sirs

Please find attached cover letter and form "statement of change of registered office or registered agent or both for limited liability company" for Dark Start Cloud LLC and a check of \$ 25.00 for the filing fee.

If you have any questions, please do not hesitate to contact us.

Best regards,

IRC INVESTOR SERVICES LLC

Rainer N. Filthaut

an



## 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 N1 Cd 12 % 112 1 126	Dork Stor Cloud I I C
Name of the limited liability company:	-·
2. (a) Principal office address of limited liability compared	ny: 3838 Tamiami Trail N. Suite 416
(Note: MUST BE STREET ADDRESS)	
	Naples, FL 34103-3586
(b) Mailing address of limited liability company:	3838 Tamiami Trail N. Suite 416
(Note: MAY BE POST OFFICE BOX)	
·	Naples, FL 34103-3586
10/22/2010	L10000110313
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Debto of State:
Registered Agent:	Elizabeth Alpert
Registered Office Address:	20621 Wildcat Run Drive
	Estero, FL 33928
	100 P
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address
NEW Registered Agent:	IRC Investor Services LLC
NEW Registered Office Address:	3838 Tamiami Trail N. Suite 416
(MŪST BE FLORIDA STREET ADDRESS)	Naples ,FL34103-3586
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of member	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny.
V	
Aivars Lode Printed or typed name of signee	<del>_</del>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand to the company of the compa	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in the registered office my has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

Signature of Registered Agent