## L02000012071

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## **COVER LETTER**

FO: Registration Section Division of Corporations		
	ARK ENTERPRISES, LLC	
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:		
LARRY D JOHNSOI	N	
Name of Person		
Firm/Company	<del></del>	
, ,		
1510 HANCOCK BRIDGE P	PKWY #6	
Address		
CAPE CORAL, FL 33990-1715  City/State and Zip Code		
City/State and Zip Code		
GONFISHIN413@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
LARRY D JOHNSON	at ( 239 ) 574-5559	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:		
Registration Section Division of Corporations	Registration Section 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:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
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## 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. Name of the limited liability company:	LARK ENTERPRISES, LLC
2. (a) Principal office address of limited liability of	company: 1510 HANCOCK BRIDGE PKWY # 6
(Note: MUST BE STREET ADDRESS)	CAPE CORAL, FL 33990-1715
(b) Mailing address of limited liability compan	y: 1510 HANCOCK BRIDGE PKWY #6
(Note: MAY BE POST OFFICE BOX)	CAPE CORAL, FL 33990-1715
05/13/2002	L02000012071
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sh	own on the records of the Florida Dept. of State:
Registered Agent:	LARRY D JOHNSON
Registered Office Address:	413 NE VAN LOON LANE #126 CAPE CORAL, FL 33909
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	1510 HANCOCK BRIDGE PKWY #6
MUST BE FLORIDA STREET ADDRE	
If the limited liability company is not organized unconfirmed that after the change or changes are made and the business office of the registered agent will liability company, it is hereby confirmed that the coff the members of the limited liability company or or the operating agreement of the limited liability of the l	der the laws of the State of Florida, it is hereby de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization company.
I hereby accept the appointment as registered age comply with the provisions of all statutes relative to and I am familiar with and accept the obligations. Chapter 608, F.S. Or, if this document is being fill address, I hereby confirm that the limited liability Signature of Registered Agent	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.