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COVER LETTER

TO:	D: Registration Section Division of Corporations					
SUBJI	Howard Rosen Marco Island Family LLC					
		ne of Limited L	iability Company			
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	following:			
Leste	r B. Law					
	Name of Person					
Franklin Karibjanian & Law PLLC						
	Firm/Company					
999 V	/anderbilt Beach Road, Suite 200					
	Address					
Naple	es, FL 34108					
	City/State and Zip Code					
lblaw(@fkl-law.com					
Е	-mail address: (to be used for future and	ual report notif	ication)			
For fur	ther information concerning this matter.	please call:				
Leste	r B. Law	239	202-0416			
	Name of Person	·	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.C	ailing Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314			
	Enclosed is a check for the following	amount:				
	☑ \$25 Filing Fee	□ Sá	55 Filing Fee & Certified Copy			

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

Na	me of the limited liability company: Howard Rosen	Marc	o Island	Family LLC
	5000 Royal Marco Way, Apt. 337,	(b	Same	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Marco loland El 24445	_ (~	/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Marco Island, FL 34145	_	_	
	April 10, 2003	-		13075
	Date of filing/registration in Florida	4.		Document number
(a)	Howard Rosen			
(4)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET AL	<u>DDRESS</u>	<u>. </u>	_
	5000 Royal Marco Way, Apt. 337			
	Marco Island , FL 3	34145		- 赵 <u>3</u>
(b) .				ZOIO AUG
	Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	lress:	- Service F
	Lester B. Law			
	NEW Registered Office Address:			유는 보다 의
	999 Vanderbilt Beach Road, Suite 200			— ∞ — ∞
	Naples , FL3	4108		
enar at w /wei artic	mited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eless of organization or the operating agreement of the limited liab.	ne regis ility co the limi	tered offic mpany, it i ted liabili	e and the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided in
/	In of a member or authorized representative of a member		=	, Manager
Epati (ire of a member or authorized representative of a member			Printed or typed name of signee
oblig ierei	y accept the appointment as registered agent and agree ins of all statutes relative to the proper and complete per gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act erforma for in C reby co	in this cap nce of my hapter 60, nfirm that	pacity. I further agree to comply with the duties, and I am familiar with and access, E.S. Or, if this document is being file the limited liability company has been

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

Signature of Registered Agent