## L05000002345

<del></del>	(Requestor's Name)
	(Address)
* <del></del>	(Address)
	. (City/State/Zip/Phone #)
	(,
PICK-UI	P
<del></del>	. <b>–</b>
- 1 - 2 May 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	75
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	to Films Office
Special Instructions	s to Filing Officer.

Office Use Only



800113419168

12/28/07--01044--011 \*\*25.00



B. KOHR
DEC \$1 2007
EXAMINER

O7 DEC 28 AM 9: 58
SECRETARY OF STATE
TALLAHASSEF, FI OBJE



UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

HING & SEARCH	December 28, 2007	
<b>SERVICES</b>		DRPORATION NAME (S) AND DOCUMENT NUMBER (S):
Re	oyal Isla	nd, LLC
Filing Evidence  ⊠ Plain/Confirmation	Сору	Type of Document  Certificate of Status
☐ Certified Copy		□ Certificate of Good Standing
		□ Articles Only
Retrieval Request  Dhotocopy		<ul> <li>All Charter Documents to Include Articles &amp; Amendments</li> <li>Fictitious Name Certificate</li> </ul>
☐ Certified Copy		□ Other
NEW FILINGS		AMENDMENTS
Profit		Amendment
Non Profit		Resignation of RA Officer/Director
Limited Liability	X	Change of Registered Agent
Domestication		Dissolution/Withdrawal
Other		Merger
OTHER FILINGS		REGISTRATION/QUALIFICATION
Annual Reports		Foreign
Fictitious Name		Limited Liability
Name Reservation		Reinstatement
Reinstatement		Trademark
		Other

## 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 limite	d liability company is: Royal Isla	and, LLC	
2. The mailing address of	f the limited liability company is	s:	
1650 NE 134th Street, Nort	h Miami, FL 33181		
01/07/2005		L05000002395	
3. Date of filing/registration	ion in Florida	4. Document number	
5. The name of the registe Florida Department of S		ice address as shown on the records of the	
Tional population	Duane J. Truitt		
	Name	7.0	
	2230 16th Avenue, NE		1
	Address	<b>最高</b>	
	Naples, FL 34120 City, State and	17in F7 2	
	• •	S Z 🚙	ľ
6. The name and address of	of the new registered agent and/o	or office:	1
	National Corporate Research	ı, Ltd.	
	Name	25 <b>8</b>	
	515 East Park Avenue		
	Florida street address (P.O. Bo	ox NOT acceptable)	
	Tallahassee FL 32	2301	
	City, State and 2	Zip	
confirmed that after the chand the business office of liability company, it is her of the members of the lim	iange or changes are made, the I the registered agent will be idented to confirmed that the change (sited liability company or as other tof the limited liability company.	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 by.	
Christopher French Presid	tent of Great Prairie Ventures, In	nc MGRM	
(Printed or typed name of signee)	2011 01 01001 10110 101101003 111	No.	
I hereby accept the appoing the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm Chapter 608 and Confirm Chapter 608 and Confirm Chapter 608 and Confirm Chapter 608 and Chapter 6	ntment as registered agent and a s of all statutes relative to the pr d accept the obligations of my po his document is being filed to me that the limited liability compan	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 erely reflect a change 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