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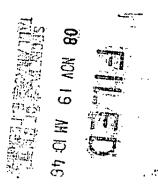
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| (Requestor's Name) | | |
| (Address) | | |
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| (Address) | | |
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| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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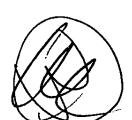
11/03/08--01038--008 **25.00



S. HAWKES

NOV 2 0 2008

EXAMINER





November 5, 2008

SAMANTHA HOWES 8010 SUMMERLIN LAKES DR 200 FORT MYERS, FL 33907

SUBJECT: DC NOON, LLC Ref. Number: L05000052739

We have received your document for DC NOON, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 308A00056156

Suzanne Hawkes Regulatory Specialist II

Division of Compositions DO DOV 6997 Tallahagges Florida 99914

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: DC NOON, 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: | | |
| Sawantha Howes (Name of Person) | | |
| HILL BARTH & KING LLC (Firm/Company) | | |
| 8010 Summer lin Lakes Dr. #200 | | |
| FORT MYERS FL 33907 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| Samantha Howes at (239) 482-5522 | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations 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 already □ \$55 Filing Fee & Certified Copy | | |
| Nat | | |

INHS18 (5/08)

> STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

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: DC | NOODLLC |
|--|--|
| 2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) | FORT MYEKS BEACH, FL 33 907 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | (Same) > |
| 5/24/2005 | L050000 52739 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown of | on the records of the Florida Dept. of State: |
| Registered Agent: | HOLLY, SUSAN, CRA, P.A. |
| Registered Office Address: | 13725 Colling CT 5 ESTERO, FL 33928 5 |
| (b) Enter name of NEW Registered Agent and/or N | EW Registered Office address: |
| NEW Registered Agent: | SAMANTHA HOWES @ HILLBARTHE |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | SAMANTHA HOWES @ HILL BARTHE 8010 Summerlin Lakes Dr 4 200 PORT MYERS, FL 33907 |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorize liability company or as otherwise provided in the article limited liability company. | ne laws of the State of Florida, it is hereby confirmed reet address of the registered office and the business e case of a Florida limited liability company, it is d by an affirmative vote of the members of the limited s of organization or the operating agreement of the |
| (Signature of a member) or authorized representative of a member) | |
| | |
| CRAIG HILDRETH | |

(Printed or 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.

(Signature of Registered Agent)