## L05000072846

(Re	questor's Name)				
(Ad	dress)	***************************************			
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·			
(Cit	y/State/Zip/Phon	e #)			
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SECRETARY OF STATE DIVISION OF CORPORATIONS

OF OCT 29 PM 2: 39

## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: Silver King, LLC (Name of Limit	ted Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Stephanie A. Reinicke, P.A.	<del></del>
(Name of Person)	
Stephanie A. Reinicke, P.A. (Firm/Company)	OT OCT 29 PH 2: 39
2033 Wood Street, Suite 200	TARYOUT COR COR
(Address)	PORAZ
Sarasota, FL 34237	Tions
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
	(941) 366-1630
(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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	nount:
™\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

## 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.

,,,	9				
1. The name of the limited	d liability company is:	Silve	er King, LLC		
2. The mailing address of	the limited liability co	ompany is:	7010 28th St Ct E	· · · · · · · · · · · · · · · · · · ·	
Sarasota, FL 3424	¥3				
07/25/2005			L05000072846		
3. Date of filing/registrati	on in Florida		4. Document number		
5. The name of the registe Florida Department of S		stered office	address as shown on the r	ecords of the	
•	Dean A. Dough	herty			
	2381 Florinda	Name a Street		0 000	
	Sarasota, FL			SECRETARY OF STATENS OF CORPORATIONS OF OCT 29 PH 2: 39	
	City,	, State and Z	ıp	125 SEE	
6. The name and address of	of the new registered a	gent and/or	office:	P SORP	
•	Robert K. Dyna	an		# 23 SEE	
	7010 28th St (	Name Ct E		39	
	Florida street address (P.O. Box NOT acceptable)				
***	Sarasota	FL 342	43	_	
	City, S	State and Zip			
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement (Signature of a memberlor authorized)	tange or changes are not the registered agent we be confirmed that the little liability company tof the limited liability	nade, the Flo rill be identic e change(s) v or as otherv y company.	rida street address of the r	egistered office	
Robert K. Dynan					
(Printed or typed name of signee)	<del></del>				
I hereby accept the appoi comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered a s of all statutes relativ l accept the obligatior his document is being that the limited liabili	igent and agi te to the prop is of my posi filed to mere ty company i	ee to act in this capacity. er and complete performa tion as registered agent as ly reflect a change in the i as been notified in writin	I further agree to mce of my duties, s provided for in registered office g of this change.	

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