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(Requestor's Name)		
(Address)		
(Address)		
(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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SECRETARY OF STATE

C. LEWIS

MAY 1 6 2011

EXAMINER

COVER LETTER

TO: "Registration Section Division of Corporation	
SUBJECT:	MIRAGE GROUP LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
MaryAnı	Metz
Name of Pe	
Firm/Comp	,
·	
1200 South Federal I	ghway, Suite 301
Address	
Boynton Beac	FL 33435
City/State and 7	Code
pacificbroadba E-mail address: (to be used for futu	l@cox.net
E-man address. (to be used for futu	innual report notification)
For further information concern	g this matter, please call:
MaryAnn Metz	at (702) 366-0017
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER AD	RESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Ci	e Tallahassee, Florida 32314
Tallahassee, Florida 3230	
Enclosed is a check for	ne following amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR \bullet_{\circ} 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.

Name of the limited liability company:	MIRAGE GROUP LLC
2. (a) Principal office address of limited liability company	: 6360 McLeod Drive, Suite 30
(Note: MUST BE STREET ADDRESS)	Las Vegas, NV 89120
(b) Mailing address of limited liability company:	6360 McLeod Drive, Suite 30
(Note: MAY BE POST OFFICE BOX)	Las Vegas, NV 89120
09/26/2005	L05000094 934
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept of Stage:
Registered Agent:	MaryAnn Metz
Registered Office Address:	1177 GEORGE BUSH BLVD
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Federal Highway Suite 301
	Boynton Beach ,FL33435
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the FI and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
MaryAnn Metz Printed or typed name of signee	-
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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

Signature of Registered Agent