L05000 106403

(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:				
Special instructions to Filing Officer.				

Office Use Only



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S. HAWKES

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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SHRI	ect∙ D	olphin	n Pilot Car LLC			
SUBJECT: Dolphin Pilot Car LLC Name of Limited Liability Company						
Dear S	Sir or Madam:					
The en	aclosed Registered Agent/Registered	Office (Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning	g this m	natter to the following:			
	Karl Mueller					
	Name of Person					
Dolphin Pilot Car LLC						
	Firm/Company					
827 Sugarhouse Dr						
Address						
Port Orange, FL. 32129						
City/State and Zip Code						
Smueller002@cfl.rr.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	Karl Mueller	at (386) 212-9111			
	Name of Person		Area Code & Daytime Telephone Number	_		
	STREET/COURIER ADDRESS:		MAILING ADDRESS:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	Clifton Building		P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
[S25 Filing Fee		\$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 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:	Dolphin Pilot Car LLC				
2. (a) Principal office address of limited liability company	827 Sugarhouse Dr.				
(Note: MUST BE STREET ADDRESS)	Port Orange, FL 32129				
(b) Mailing address of limited liability company:	827 Sugarhouse Dr				
(Note: MAY BE POST OFFICE BOX)	Port Orange, FL. 32129				
11-01-2005	L05000106403				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	Sabina E. Mueller				
Registered Office Address:	827 Sugarhouse Dr				
	Port Orange, FL. 32129				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
NEW Registered Agent:	Karl A. Mueller				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	827 Sugarhouse Dr				
	Port Orange . "FL32129				
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member					
Karl A. Mueller 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					

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