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| PICK-UP WAIT | MAIL |
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Office Use Only



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C. LEWIS

APR 3 0 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: The Dunes Group, LLC (Name of Limited Liability Company) | | |
| (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: | | |
| Jonathan German (Name of Person) | | |
| The Dunes Group (Firm/Company) | | |
| 315 Dunes Blud. # 202 | | |
| Naples FL 34110 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| Jonathan Germon at (239) 249-2800 (Name of Person) (Area Code & Daytime Telephone Number) | | |
| (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 amount: | | |
| 25 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.

| 1. Name of the limited liability company: | Dunes Group LLC | |
|---|---|--|
| 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | 315 Dunes Blud. # 202 Naples, FL 34110 | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | The Dunes Group LLC 315 Dunes Blud. # 20 Naples, FL 34110 | |
| 3. Date of filing/registration in Florida | L 060000 39783 | |
| (a) Registered Agent and Registered Office shown on the Registered Agent: Registered Office Address: | Sonathan German 370 Emerald Baycir. N-3 Naples, FL 54110 | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | | |
| <u>NEW</u> Registered Agent: | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 315 Dunes Blvd #202 Naples ,FL 34110 | |
| If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cathereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. (Signatury of a member or authorized representative of a member) | address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited | |
| | | |
| (Printed or typed name of signec) | _ | |
| I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the proj am familiar with and accept the obligations of my position a F.S. Or if this document is being filed to merely reflect a cl confirm that the limited liability campany has been notified | ree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, name in the registered office address, I hereby in writing of this change. | |
| (Signature of Registered Agent) | | |
| (Signature of Registered Agent) Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00 | | |

INHS18 (05/08)