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SECRETARY OF STATE

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COVER LETTER

Division of Corporations
SUBJECT: The DSRMARK GROUP, 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:
Name of Person)
The DERMARK (SPOGE) (LC (Firm/Company)
325 L'ATRIUM CIRCLE (Address)
Mirama Buch, FL 32550 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (5/3) (602-1757 (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

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. The name of the limited liability company is:	, LLC.
2. The mailing address of the limited liability company is: 325 L'ATRIUM C	Tieck,
Miramar Beach, F	7 39220
4/20/2006 LO60004075	7
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of Florida Department of State: DEREK MARKULIN	
DEREK MARKULIN Name 800 2 LEGEND CREEK DR Address Miramar Buch, Fl 32550 City, State and Zip 6. The name and address of the new registered agent and/or office: DEREK MARKULIN NAME ADDRESS OFFICIAL STATE OFFICIAL	FILED 06 JUN 30 AMII: 27
6. The name and address of the new registered agent and/or office:	AMII: 2
Name 3d 5 L'ATRIUM CIRCLE Florida street address (P.O. Box NOT acceptable)	7
Miromar Brach, FL 32550 City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is her confirmed that after the change or changes are made, the Florida street address of the registere and the business office of the registered agent will be identical. Or, in the case of a Florida lin liability company, it is hereby confirmed that the change(s) was/were authorized by an affirma of the members of the limited liability company or as otherwise provided in the articles of orgor the operating agreement of the limited liability company.	eby d office nited tive vote anization
(Signature of a member or authorized representative of a member)	
DEREK WARKULIA	
(Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe comply with the provisions of all statutes relative to the proper and complete performance of many position as registered agent as provide Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered address, I hereby confirm that the limited liability company has been notified in writing of this	er agree to ny duties, ed for in ed office change.
(Signature of Registered Agent)	

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