LD6000002350

	(Requestor's Name)			
	(Address)			
,	(Marcos)			
	(Address)			
	(Cit. (Cit.) (Cit.) (Cit.)			
l	(City/State/Zip/Phone #)			
PICK-UF	WAIT MAIL			
	(F)			
	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
L. S	SELLERS			

MAY 132008

EXAMINER

Office Use Only

200128495412

05/03/08--01009--005 **25.00

LUSTIAL "3 ATTIT AT SECRETARY OF STATE TALL AHASSEF, FLORIT

COVER LETTER

. COVE	EKLETTEK
TO: Registration Section Division of Corporations	
SUBJECT: Dawson Group, LLC (Name of Limit	ed 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:
Carolyn S. Ansay, Esquire (Name of Person)	
Doran, Wolfe, Ansay & Kundid (Firm/Company)	
Trump Plaza Office Center, 525 South Flag (Address)	ler Drive, Suite 200
West Palm Beach, FL 33401 (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Carolyn S. Ansay, Esquire at ((561 ·) 802-3334
(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

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.

ageni, or boin, in the sial	e of 1 tortua.				
1. The name of the limite	ed liability company is	S: Dawson Group, LLC		<u>.</u>	·
2. The mailing address o	f the limited liability of	company is : 3375 Koapaka Street, B20	0, Hono	lulu, HI	96819
-					
09/20/2006		L06000092350			
3. Date of filing/registration in Florida		4. Document number			
5. The name of the register Florida Department of		istered office address as shown on the	records	of the	
•	Carolyn S. Ansay,	Esquire			
		Name			
	515 North Flagler D	rive, Suite 300 Pavilion			
		Address			
	West Palm Beach, I	-L 33401 /, State and Zip		~>	
	•	•	<u></u>	800	
6. The name and address of the new registered agent and/or office:		-AE	2008 MAY		
	Carolyn S. Ansay, I	Esquire	S.F.		Creamways specializations
		Name	527 E	9	1
	Trump Plaza Office Ce	enter, 525 South Flagler Drive, Suite 200	E G		
	Florida street addre	ss (P.O. Box NOT acceptable)	380 A	AH II:	(mm)
	West Palm Beach,	FL 33401	3A	1 8	
	<u></u>	State and Zip			
	• .	•			
confirmed that after the c and the business office of liability company, it is he of the members of the lir or the operating agreement	hange or changes are fithe registered agent wereby confirmed that the nited liability companion of the limited liabil		register Florida l an affirn	red offi imited native v	vote
(Signature of a member of author	rized representative of a men	ider)			
	GROUP, LLC				
(Printed or typed name of signee					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, f address, Thereby tonfilm	intment as registered ns of all statules relati id accept the obligation this document is being that the limited liabi	agent and agree to act in this capacity to the proper and complete performing of my position as registered agent of filed to merely reflect a change in the lity company has been notified in writh	v. I furt nance of as provi e registe ing of th	her agn f my du ided foi ered off iis char	ree to ties, r in fice ige.
(Signature of Registered Agent)	,				
/ Divisio	on of Corporations, I	P.O. Box 6327, Tallahassee, FL 323	14		

FILING FEE: \$25.00