| 0700027576 | | |
|---|--|--|
| (Requestor's Name) (Address) | 700095922657 | |
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) | 04/12/0701017006 **25.00 | |
| (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | 2007 APR 12 AM 10: 13 SECRETARY OF STATE, TALLAMASSEE, FLORID, | |
| Office Use Only | 67-27574 | |



COVER LETTER

TO: Registration Section Division of Corporations

The Indigo Reef and Grill, LLC (Name of Limited Liability Company) SUBJECT:

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:

| Stephen C Himmel (Name of Person) | |
|---|--|
| The Indigo Group Holding CO, LLC (Firm/Company) <u>11523 Palm Brush Trail Suste</u> 124 (Address) <u>Bradenton, FL 34202</u> (City/State and Zip Code) | FILES 2007 APR 12 AH 10: 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA |

For further information concerning this matter, please call:

Stephen C. Himmel at (941) 320-6686 (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

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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

\$55 Filing Fee & Certified Copy

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INHS18 (8/05)

NGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida. | 8, Florida Statutes, the undersigned limited to change its registered office or registered | |
|--|---|--|
| 1. The name of the limited liability company is: The 1 | nolizo Reef and Grith, LLC. | |
| 2. The mailing address of the limited liability company is : | 11523 Palm Brush Trail | |
| Suite 124 Bradenton FI | 34202 | |
| <u>3/15/2007</u> 3. Date of filing/registration in Florida | <u>4. Document number</u> | |
| 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: | | |
| <u>Seoff</u> <u>Scalera</u> Name | | |
| 12230 Hollybush Terr Address | | |
| Bradenton FI 34202 APP PR TI City, State and Zip | | |
| 6. The name and address of the new registered agent and/or office: | | |
| | | |

12015 Summer Meudow Urive Florida street address (P.O. Box NOT acceptable)

City, State and Zip

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.

2 (Signature of a member or authorized representative of a member)

(Printed or typed name of signee) Hinner

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 508, F.S. Or, if this accument 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. 54

(Signature of Registered Agent)

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

INHS18 (8/05)