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(Re	equestor's Name)		
(Ad	ldress)		
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(Cit	ty/State/Zip/Phone	e #)	
DIGIC UD	□ MAINT	□ 1440	
☐ PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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A. LUNT			
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EXAMINER

Office Use Only



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SECRE MARY OF STATE

COVER LETTER

	ration Section. on of Corporations		
SUBJECT: _		Wild Investments LLC	
Dear Sir or Ma	adam:		
The enclosed	Registered Agent/Registered Of	ffice Change and fee(s) are submitted for	filing.
Please return a	all correspondence concerning t	his matter to the following:	
	Killol Thakore Name of Person	 	
	Deuces Wild Investments LLC	<u>.</u>	201 Si
For further inf	Firm/Company 1507 Regents Park Road Address Evansville, IN 47710 City/State and Zip Code kthakore41@yahoo.com ess: (to be used for future annual report no formation concerning this matte Killol Thakore Name of Person	er, please call: at (812) 422.4721 Area Code & Daytime Telephone Num	2010 OCT -4 PM 4: 05
Registr Divisio Clifton 2661 E	ET/COURIER ADDRESS: ation Section on of Corporations Building xecutive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclos	sed is a check for the following	g amount:	
✓ \$25	Filing Fee	\$55 Filing Fee & Certified Cop	ру

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.

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Name of the limited liability company:	Deuces Wild Investments LLC			
2. (a) Principal office address of limited liability co	mpany:			
(<u>Note: MUST BE STREET ADDRESS</u>)				
(b) Mailing address of limited liability company:	1507 Regents Park Road			
(Note: MAY BE POST OFFICE BOX)	Evansville, IN 47710			
04/25/2007	L070000442 0 \$\$			
3. Date of filing/registration in Florida	4. Document number 是前 吕			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept-of State:				
Registered Agent:	Derrick S. Eihausen			
Registered Office Address:	5237 Summerlin Commons Boulevard Fort Myers FL 33907 US			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				
NEW Registered Agent:	Melville G. Brinson III, Esquire			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Adams & Brinson 8359 Stringfellow Road St. James City ,FL 33956			
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				
THAKORE, KILL'L				
Printed or typed name of signee				
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 508, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.			
/ Signature of Registered Agent				