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T. HAMPTON

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EXAMINER

## **COVER LETTER**

	egistration Section vision of Corporations						
SUBJEC	T: <u>DENTON</u>	AVENO	ノビ	PROF	PERTY	LLC	
Name of Limited Liability Company							
Dear Sir o	or Madam:						
The enclo	sed Registered Agent/Register	red Office Cl	hange a	nd fee(s) ar	re submitted	for filing.	
Please ret	urn all correspondence concer	ning this mat	tter to tl	he followin	g:		
Ь	. GAGE						
	Name of Person						
FUN	IN THE SUN OF	CENTRA	n Fi	ORIDA	INC.		
	Firm/Company						
21:	25 WATER KET	DR					
	Address						
	(	71.	,				
<u> WIN</u>	SERMERE, FL, City/State and Zip Code	3478	6				
	City/State and Zip Code						
DA	RRENPGAGE @ AOL	· COM					
E-mail	address: (to be used for future annual re	port notification)	)				
For furthe	r information concerning this	matter, pleas	e call:				
D	ARREN GAGE	at (4	407	87	76 133	36	
	Name of Person		Ar	ea Code & Day	ytime Telephone	Number	
	REET/COURIER ADDRESS:			LING ADD			
	gistration Section vision of Corporations		_	tration Secti			
	fton Building			ion of Corpo Box 6327	rations		
	61 Executive Center Circle			assee, Flori	da 32314	•	
Tal	llahassee, Florida 32301						
Enclosed is a check for the following amount:							
	\$25 Filing Fee		\$55	Filing Fee	& Certified (	Сору	

## 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: DENTON AVENUE PROPERTY LLC

2. (a) Principal office address of limited liability company: 2125 WATER KEY DR

(Note: MUST BE STREET ADDRESS) WINDER MEE, FC 34786 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 11/13/07 L07000 113961 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: SMAN BUSINHS RESOURCES Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: FUN IN THE SUN OF CENTRAL **NEW** Registered Agent: FLURIDA INC 2125 WATER KET **NEW Registered Office Address:** (MUST BE FLORIDA STREET ADDRESS) WINDERMERE 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 Horida timited 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 DARREN GAGE

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 608, F.S. Or, if this document 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.

Signature of Registered Agent

Printed or typed name of signee