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SECRETARY OF STATALLAHASSEE, FLOR

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COVER LETTER

TO: Registration Section **Division of Corporations** THECLUB 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: **EUGENIO MARRAPODI** Name of Person THECLUB LLC Firm/Company 1335 S VENETIAN WAY Address MIAMI 33139 FL City/State and Zip Code EUGENIO.MIAMI@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **EUGENIO MARRAPODI** Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

5 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. Name of the limited liability company: THECLUB LLC | 78. 23 |
|--|--|
| 2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) | Dany: 1335 S VENETIAN WAY MIAMI - 33139 - FL |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 1335 S VENETIAN WAY MIAMI - 33139 - FL |
| 09.30.2008 | L08000092711 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown | on the records of the Florida Dept. of State: |
| Registered Agent: | LEWIS MICHAEL |
| Registered Office Address: | 475 NORTHEAST 50TH TERRACE MIAMI - 33137 - FL |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS) | EUGENIO MARRAPODI 1335 S VENETIAN WAY MIAMI 33139 FL |
| | ,FL |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | e Florida street address of the registered office |
| EUGENIO MARRAPODI | |
| Printed or typed name of signee | |
| I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp | d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change. |

Signature of Registered Agent

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