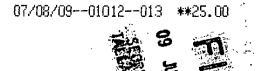
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(Requestor's Name)		
· (Address)		
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(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
<u>.</u>		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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S. HAWKES

JUL 9 - 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
	IIS & BEACH CLUB, LLC	
Name of Limite	ed 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 r	matter to the following:	
CASEY WOLFF, ESQ.		
Name of Person		
•		
PAULICH, SLACK & WOLFF, P.A.		
Firm/Company	•	
5147 CASTELLO DRIVE		
Address		
, jok		
NAPLES, FL 34103 City/State and Zip Code	<u> </u>	
City/State and Zip Code		
TECH COCMAIL COM		
✓ ITBCLLC@GMAIL.COM E-mail address: (to be used for future annual report notificat	ion)	
For further information concerning this matter, ple	ease call:	
CASEY WOLFF, ESQ. at (239) 261-0544	
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 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$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.

· ·			
1. Name of the limited liability company:IMPERIA	AL TENNIS & BEACH CI	UB, LLC	
2. (a) Principal office address of limited liability company	y: 1301 Imperial Golf	Course Blvd.	
(Note: MUST BE STREET ADDRESS)	Naples, FL 34110		
(b) Mailing address of limited liability company:	573 92nd Avenue	orth & C	
(Note: MAY BE POST OFFICE BOX)	Naples, FL 34108	3	
10/17/2008	L08000098236	5	
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:	LENNARTSSON, TORSTE	N.K.	
Registered Office Address:	573 92ND AVENUE NORTH NAPLES, FL 34108 US		
			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Corporate Registered Ager	nt, LLC	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5147 CASTELLO DRIVE		
	NAPLES	,FL <u>34103</u>	
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			
TORSTEN LENNARTSSON Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. If oper and complete performance sition as registered agent as prefect a change in the regy has been notified in writing o	ourther agree to e of my duties, ovided for in istered office f this change.	
Signature of Registered Agent For: Convolve [2] EGIS TOUR AGENT, INC. Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (05/08)