

MAY-10-2012 16:42

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cohoonfam@msn.com

**LLC REGISTERED AGENT CHANGE
MARCO ISLAND DREAMS LLC**

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MAY 11 2012

T. HAMPTON

Fax Audit # 4120001284743

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: Marco Island Dreams LLC
2. (a) Principal office address of limited liability company: 263 Copperfield Ct,
Marco Island, Florida 34145
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 263 Copperfield Ct,
Marco Island, Florida 34145
(Note: MAY BE POST OFFICE BOX)
- 11/20/2008 L08000108049
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: BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
Registered Office Address: TALLAHASSEE FL 32301 US
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: Alan Cohoon
NEW Registered Office Address: 263 Copperfield Ct,
(MUST BE FLORIDA STREET ADDRESS) Marco Island FL 34145

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.

Alan Cohoon 5/9/12
Signature of a member or authorized representative of a member

Alan D. Cohoon
Printed or typed name of signer

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.

Alan Cohoon
Signature of Registered Agent

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

NH518 (05/08)

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