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| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



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M. THOMAS JAN 2 0 2009 **EXAMINER**

KAKLIS, VENABLE & WITT, P.A.

ATTORNEYS AT LAW 1400 4TH AVENUE WEST, BRADENTON, FLORIDA 34205

V. WILLIAM KAKLIS JOSEPH P. VENABLE RONALD E. WITT

TELEPHONE:

941-747-1180

FACSIMILE: WEBSITE:

941-746-9252

EMAIL:

www.kvwlaw.net ron@kvwlaw.net

January 12, 2009

Division of Corporations P.O. Box 6327 Tallahassee, FI 32314

Re:

MAGIC COIN LAUNDRY, LLC

To Whom It May Concern:

Enclosed please find the original Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced corporation, along with a check in the amount of \$25.00 for filing fee.

If you have any questions in this regard, please do not hesitate to contact me.

Very truly yours,

RONALD E. WITT

REW/sw Enclosures

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|-----------|
| SUBJECT: Magic Coin Laundry, LLC (Name of Lir | mited Liability Company) | . 0 |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office | e Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this r | matter to the following: | |
| Pat Windham (Name of Person) | | OS JAN 19 |
| (Firm/Company) | · | OF STATE |
| 1215 Santiago Drive West, (Address) | | |
| Bradenton, FL 34209 (City/State and Zip Code) | | |
| For further information concerning this matter, pl | lease call: | |
| Pat Windham at ((Name of Person) | (Area Code & Daytime Telephone Number) | - |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the following an | nount: | |
| ☑ \$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: Magic Coin | Laundry |
|--|--|
| 2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>) | y: 1215 Santiago Drive West Bradenton, FL 34209 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 1215 Santiago Drive West Bradenton, FL 34209 |
| December 16, 2008 3. Date of filing/registration in Florida | <u>L08000114381</u> 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: |
| Registered Agent: | James Windham |
| Registered Office Address: | the records of the Florida Dept. of State: James Windham 1215 Santiago Drive West Bradenton, FL 34209 |
| (b) Enter name of NEW Registered Agent and/or NE | W Registered Office address: |
| NEW Registered Agent: | Pat Windham |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1215 Santiago Drive West Bradenton #,FL 34209 |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member) | laws of the State of Florida, it is hereby confirmed et address of the registered office and the business case of a Florida limited liability company, it is |
| (Printed or typed name of signee) | |
| I hereby accept the appointment as registered agent and | agree to act in this capacity. I further agree to |

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)

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