

LD9 000001283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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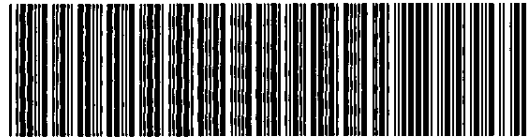
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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EXAMINER



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January 9, 2012

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Dream Harbours Consulting LLC
FL Document # L09000001283

Dear Sir/Madam:

Enclosed for filing is an original and one photocopy of a Statement of Change of Registered Agent and Registered Office submitted on behalf of Dream Harbours Consulting LLC. Also enclosed is a check in the amount of \$25.00 in payment of the filing fee.

Please file this change of registered agent with your Department as soon as possible and return a filed-stamped copy of the document to me. A postpaid return envelope is provided for your convenience.

Thank you for your assistance in this matter. If you have any questions, please call me.

Very truly yours,

Rebecca A. Diller
Corporate Paralegal

Enclosures
QB\15543744.1

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DREAM HARBOURS CONSULTING 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:

BECKY DILLER

Name of Person

QUARLES & BRADY LLP

Firm/Company

411 E WISCONSIN AVE STE 2040

Address

MILWAUKEE WI 53202

City/State and Zip Code

marielle@turrell-associates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BECKY DILLER

Name of Person

at (414)

277-5541

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: DREAM HARBOURS CONSULTING LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

3584 EXCHANGE AVE.
NAPLES FL 34104-3732

(b) Mailing address of limited liability company: SAME

(Note: **MAY BE POST OFFICE BOX**)

01/06/2009

L09000001283

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:

NAPLES LAWDOK, INC.

Registered Office Address:

1395 PANTHER LANE
SUITE 300
NAPLES FL 34109

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

MARIELLE KITCHENER

NEW Registered Office Address:

3584 EXCHANGE AVE.

(MUST BE FLORIDA STREET ADDRESS)

NAPLES, FL 34104

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

TODD T. TURRELL

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.

Signature of Registered Agent

MARIELLE KITCHENER

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

FILING FEE: \$25.00