L0900009145

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SECRETARY OF STATE

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COVER LETTER

Division of Corp	orations				
	_				
SUBJECT:					
	Name of Li	imited Li	ability Company		
Dear Sir or Madam:					
The enclosed Registered	Agent/Registered Of	ffice Cha	nge and fee(s) are submitted for filing.		
Please return all correspondent	ondence concerning t	his matte	er to the following:		
	. Holmes, Esquire				
	rr Law Firm m/Company				
	Nesbit Street				
	Gorda, FL 33950 ate and Zip Code		<u></u>		
dholi	mes@farr.com I for future annual report not				
E-mail address: (to be used	for future annual report not	tification)			
For further information of	oncerning this matter	r, please	call:		
		at (,		
Name of Per		ai (Area Code & Daytime Telephone Number		
STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce Tallahassee, Florid	n ations nter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a che	eck for the following	g amoun	: :		
\$25 Filing Fee			\$55 Filing Fee & Certified Copy		

TO: Registration Section

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.

Name of the limited liability company:	Aqua Vista Ventures, LLC
2. (a) Principal office address of limited liability compa	ny:
(Note: MUST BE STREET ADDRESS)	5043 Sorrento Court Punta Gorda, FL 33950
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	5043 Sorrento Court Punta Gorda, FL 33950
9/10/2009	L09000087645
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	Dennis J. Bessey
Registered Office Address:	4432 Duncan Road Punta Gorda, FL 33950
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office address: David A. Holmes, Esquire
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	99 Nesbit Street
(MUSI BE FLUKIDA SIREEI ADDRESS)	Punta Gorda, FL 33950 ,FL 33950
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 idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other of the operating agreement of the limited liability company or as other or the operating agreement of the limited liability company. Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with a my pand I am familiar	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the article off organization by. ARR 23 agree to act in this capacity further agree to roper and complete performance of my duties