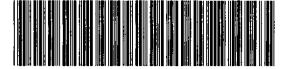
## 1100000

(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:			
A. LUNT			
AUG - 8 2011			
EXAMINER			
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## **COVER LETTER**

TOi	Registration Section Division of Corporations		
SUBJ		ambug Investments LLC f Limited Liability Company	_
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concernir	ng this matter to the following:	
	Marie B Code, Esq	A. 22	
	Name of Person	ZÓIZ AUG SECTICETA TALLAHA	1
	Marie B. Code Esq. P.L	SSA 6	
	Firm/Company	OF STATE	Ę
	1308 SW 27th Terrace		
	Cape Coral FL 33914 City/State and Zip Code		
E	marie@marieesquire.co	m rt notification)	
For fu	orther information concerning this ma	atter, please call:	
	Marie B Code, Esq	at ( 239 ) 829-0063	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301		
	Enclosed is a check for the follow	ving amount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## 'STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Purşuant 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.

agoni, or own, in the state of 1 to that.				
Name of the limited liability company:	Dreambug Investments LLC			
2. (a) Principal office address of limited liability comp	pany: 8961 Conference Dr. Ste 2			
(Note: MUST BE STREET ADDRESS)	Fort Myers, FL 33919			
(b) Mailing address of limited liability company:	8961 Conference Dr. Ste 2			
(Note: MAY BE POST OFFICE BOX)	Fort Myers, FL 33919			
09/23/2010	L1000099471			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown	≥2 <b>2</b> 11			
Registered Agent:	Code, Marie B Esq			
Registered Office Address:	1202 SE 8th Place Ste B Cape Coral FL 33990			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	NEW Registered Office address:  1308 SW 27th Terrace			
(MUST BE FLORIDA STREET ADDRESS)				
	Cape Coral ,FL33914			
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				
/ Marie B Code, Esq				
Printed or typed name of signee	<del></del>			
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.			

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