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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: DICKENS FENWICK	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 ma	atter to the following:					
A. G. LAFLEY Name of Person						
DICKENS FENMUL LLC Firm/Company						
990 BLVD OF THE ARTS #11 Address	<u>σΦ2</u>					
SARASOTA FL 34236 City/State and Zip Code						
noshoes 1 e Me. com						
E-mail address: (to be used for future annual re	eport notification)					
For further information concerning this matter, pleas	se call:					
AG LAFLEY at	(513) 910-3217					
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 amount:						
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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:	FEN	IWICIL LLC	<u> </u>	
2. (a	990 BLVD OF THEARTS #1602	(b)	9910 BLVD	OF THE AG	275#160
`	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	SARASOTA FL 34236		SARASOT.		17310
	JAN 12 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	-		776 27	224
		-			
	12/28/2010		LIDOOD	113183	2)
3.	Date of filing/registration in Florida	4.	Documen	nt number	
5. (a	DAVID W. PAYNE, ESQ				
•	Registered Agent and Registered Office shown on the records of the		Dept. of State:		
	THE PAYNE LAW GROUP, P. A				
	Registered Office Address (MUST BE FLORIDA STREET AD		#		
	24D SOUTH PINEAPPLE AVEN	UE 1	H4(D)		
	SARASOTA ,FL	34	23L		and the second
/ L	SAME AGENT AS A BOW	- -,	•		- 1 1
(b	Enter name of NEW Registered Agent and/or NEW Registered Of	ffice add	ress:	SEA CO	m3.
	THE DAY 1 - 1 410/ (0/01)	٦ ٢	2111		
	THE PAYNE LAW GROUF NEW Registered Office Address:) <u>)</u>	1-1-C	STA.	``
	766 HUDSON AVENUE	511	ITE C	28	
	_	<u> </u>	1(0)	i.	.,
	SARASOTA ,FL	342	23/2		
If the	limited liability company is not organized under the laws	of the S	State of Florida, it is	hereby confirmed	d that after
the cl	hange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabi	e regist	ered office and the l	business office of	the registered
was/v	vere authorized by an affirmative vote of the members of t	he limi	ted liability compan	y or as otherwise	provided in
me ar	ticles of organization or the operating agreement of the lir			21	
Sign	nature of a melyber or authorized representative of a member		, G. LAFUE Printed or	typed name of signee	
I her	eby accept the appointment as registered agent and agree	to act i	in this canacity. I fu	wther garee to co	mnh with the
provi the oi	sions of all statutes relative to the proper and complete pe bligations of my position as registered agent as provided f rely reflect a change in the registered office address, I her	erforma for in Ci	nce of my duties, ån hapter 605, F.S. Or	d I am familiar wi , if this document	ith and accept is being filed
to me notifi	rely reflect a change in the registered office address, I hér ed in writing of this change.	reby coi	nfirm that the limited	d liability compan	ıy has béen

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

Signature of Registered Agent