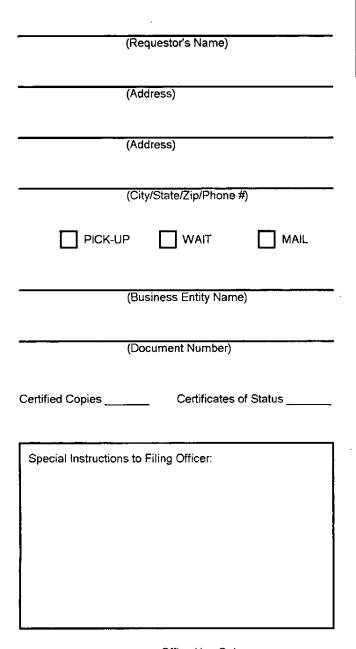
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Office Use Only



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SECRETARY OF STATE

B. BOSTICK
AUG - 7 2012
EXAMINER

## COVER LETTER

Division of Corporations								
SUBJECT:	Maiden	Voyag	e Deve	elopmen	ts LLC			_
	Name of	Limited	l Liabilit	y Compan	У			_
Dear Sir or Madam:								
The enclosed Registere	ed Agent/Registered	Office (	Change a	ınd fee(s) a	are submitted	for filing	<b>z</b> .	
Please return all corres	pondence concernin	g this m	atter to t	he followi	ng:			
	rie B Code, Esq			_				
	Name of Person							
	B. Code Esq. P.L Firm/Company			_				
1308	SW 27th Terrace					MIL.	12	
Address			-		H	12 AUG -6	~î'i	
								-
Cape Coral FL 33914			_		- 1 ( ) - 11 ( )	X		
City/State and Zip Code						- E	PH 4: 03	
							ź	
marie@marieesquire.com					>			
E-mail address: (to be used for future annual report notification)								
For further information	n concerning this ma	atter, ple	ase call:					
Marie B (	Code, Esq	at (	239		829-006	3		_
Name of I	Person		A	rea Code & I	Daytime Telephor	ne Number		
STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, Flo	oorations Center Circle		Regi Divis P.O.	ILING AD stration Sec sion of Cor Box 6327 thassee, Flo	ction			
Enclosed is a	check for the follow	ing amo	ount:					
\$25 Filing F	`ee		\$55	Filing Fe	e & Certified	Сору		

**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.

1. Name of the limited liability company:	Maiden Voyage Developments LLC
2. (a) Principal office address of limited liability co	ompany: 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
06/28/2011	L11000075102
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	Code, Marie B Esq
Registered Office Address:	1202 SE 8th Place Ste B 72 Cape Coral FL 33990
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	1308 SW 27th Terrace > 1308 SW 27th Terrace
Mesi bu i Lonibii sinbui inbunus	Cape Coral ,FL 33914
If the limited liability company is not organized und confirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the chof the members of the limited liability company or or the operating agreement of the limited liability constitution.  Signature of a member or authorized representative of a member	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
Marie B Code, Esq Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of Signature of Registered Agent	nt and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, of my position as registered agent as provided for in each to merely reflect a change in the registered office 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