U1000/23/21

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T. CLINE
FEB - 9 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
	Rickshaws Ft. Lauderdale, LLC		
Name of E	Annea Emonity Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Howard Gossack			
Name of Person			
Orient Express Rickshaws Ft. Lauc	derdale		
Firm/Company			
DO Dou 4700			
PO Box 4766 Address	1980		
Cave Creek, AZ 85327			
City/State and Zip Code			
	•		
Oexorlando@yahoo.com E-mail address: (to be used for future annual report no	otification)		
For further information concerning this matter	er, please call:		
Howard Gossack	at (480) 488-2956		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	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 following amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (5/08)

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: _	Orient Expre	ess Rickshaws Ft. Lauderdale, LLC
2. (a) Principal office address of limited liability company:		: 37636 N. Sunset Trail	
(Note: MUST	BE STREET ADDR	ESS)	Cave Creek, AZ 85331
(b) Mailing address	of limited liability co	ompany:	PO Box 4766
(Note: MAY B	E POST OFFICE B	<u>0X</u>)	Cave Creek, AZ 85327
October 2	7, 2011		L11000123121
3. Date of filing/registr	ation in Florida	4	4. Document number
5. (a) Registered Ager	nt and Registered Off	ice shown on t	he records of the Florida Dept. of State:
Registered Ager	nt:		Sean Doyle
Registered Offic	ee Address:		1013 Corbin Court Oviedo, FL 32765
(b) Enter name of <u>N</u> <u>NEW</u> Registered		nt and/or <u>NEV</u>	V Registered Office address: Sean Doyle
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	DPECC)	10341 Green Mistletoe Court	
MOST BE TEC	<u> MIDA SIRLEI AD</u>	DKL33/	Orlando ,FL 82825
If the limited liability co- confirmed that after the and the business office of liability company, it is ho of the members of the li- or the operating agreem	change or changes as of the registered agen nereby confirmed that mited liability compa ent of the limited liab	re made, the Flot will be idention the change(s) any or as otherwillty company.	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Ho	ward Gossack		
Printed or typed name of signed	3		•
	ointment as registere ons of all statutes rela ind accept the obliga f this document is bei m that the limited lia -	d agent and ag stive to the pro- tions of my pos ng filed to mer bility company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent		BA B 4	
Divie	ion of Cornorations	P () Roy 637	7. Tallahassee, FL 32314

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