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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Seminole Night Club, LLC (Name of	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	g this matter to the following:	
Eric Dorsky, Esq.		
(Name of Person)	,	
Eric Dorsky, P.A.		
(Firm/Company)		
7320 Griffin Road, Suite 220		
(Address)		
Davie, FL 33314	,	
(City/State and Zip Code)		
For further information concerning this matt	ter, please call:	
Eric Dorsky	_at (954) 587-1120	
(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	ng amount:	
\$25 Filing Fee	S55 Filing Fee & Certified Copy	

TO:

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.

agent, or both, in the state of Piorial.		•
1. The name of the limited liability company is: S	ieminole Night Club, LLC	•
2. The mailing address of the limited liability com	pany is : 5729 Seminole Way	, Ft. Lauderdale, FL 33314
·	·	
07/22/2004 M040000		
3. Date of filing/registration in Florida	ration in Florida 4. Document number	
5. The name of the registered agent and the register Florida Department of State:	red office address as shown of	on the records of the
Vargas, Piedra & Co.	· · · · · · · · · · · · · · · · · · · 	
	lame	
9100 South Dadeland E	Blvd., Suite 912	
	ldress	Ž. o
Miami, FL 33156		Ao O C
City, St	ate and Zip	AR DO T
6. The name and address of the new registered ager	nt and/or office:	NOV -6
Eric Dorsky, P.A.		THE P
Na	me	PM 3: 08 E. FLORIDA
7320 Griffin Road, Suite 220		PATE DRID
Florida street address (I	P.O. Box NOT acceptable)	Dr. o
Davie,	TL 33314	·
City, Stat	e and Zip	
If the limited liability company is not organized unconfirmed 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 company.	e, the Florida street address to identical. Or, in the case hange(s) was/were authorized	of the registered office of a Florida limited d by an affirmative vote
(Signature of a member or authorized representative of a member)		,
John Nargiso	· ·	٠
(Printed or typed name of signee)		•
I hereby accept the appointment as registered ager 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	nt and agree to act in this ca the proper and complete pe f my position as registered a d to merely reflect a change company has been notified in	pacity. I further agree to reformance of my duties, igent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)	- · · ·	

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