

M05000004264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

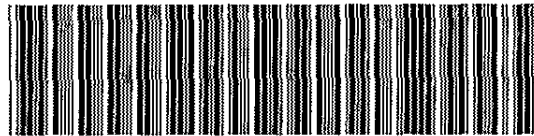
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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATE
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"When you need ACCESS to the world"

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Silver nugget Properties, IV, LLC MS-4264
(CORPORATE NAME AND DOCUMENT #)

2. (CORPORATE NAME AND DOCUMENT #)

3. (CORPORATE NAME AND DOCUMENT #)

4. (CORPORATE NAME AND DOCUMENT #)

5. (CORPORATE NAME AND DOCUMENT #)

6. (CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2006

CORPORATE ACCESS

TALLAHASSEE, FL

SUBJECT: SILVER NUGGET PROPERTIES IV, LLC
Ref. Number: M05000004264

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DIVISION OF CORPORATIONS
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SILVER NUGGET PROPERTIES IV, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$25.00 payment.

The LLC's status in Florida was revoked on 9/15/2006. To reinstate, the LLC must file a Reinstatement and pay a fee of \$150.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 506A00058360

Please file

**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. The name of the limited liability company is: SILVER NUGGET PROPERTIES, IV, LLC

2. The mailing address of the limited liability company is: _____

60 EAST SIMPSON AVENUE, PO BOX 2869, JACKSON, WY 83001

07/28/05 _____

M05000004264

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MALLER, KAREN

Name

ONE PROGRESS PLAZA, STE 1210

Address

ST. PETERSBURG, FL 33701

City, State and Zip

6. The name and address of the new registered agent and/or office:

Paracorp INCORPORATED

Name

236 EAST 6th Avenue

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32303

City, State and Zip

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]
(Signature of a member or authorized representative of a member)

Philip F. Weyrick
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Denise Zollner Assistant Secretary
Paracorp Incorporated

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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