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TO:	Registration Section Division of Corporations		
SUBJ	ЕСТ: Ma	rshall-Cook Enterprizes, LLC	
	Nam	e of Limited Liability Company	
Dear S	Sir or Madam:		
The e	nclosed Registered Agent/Registe	ered Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence conce	ming this matter to the following:	
	Shannon Nelsor		
	Name of Person		
Mars	hall-Cook Enterprizes, LLC, d/ Firm/Company	b/a Gutter Topper	
14545 Michener Trail			
	Address		
	Orlando, Florida 32	328	
E-	shannon@guttertopperoffi -mail address: (to be used for future annual r	orida.com eport notification)	
For fu	rther information concerning this	matter, please call:	
	Shannon Nelson	at (407) 574-2926	
	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 32301	Tallahassee, Florida 32314	
	Enclosed is a check for the fol	lowing amount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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: Ma	rshall-Cook Enterpriz	es, LLC	
2. (a) Principal office address of limited liability company	y:	7 8 B	
(Note: MUST BE STREET ADDRESS)	14545 Michener Trail Orlando, FL 32828	PER P	<u>n</u>
(b) Mailing address of limited liability company:		SSEE.	-m
(Note: MAY BE POST OFFICE BOX)	14545 Michener Trail Orlando, FL 32828	SIA SI	
1/16/2009	L0900000	۱۰۱	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida l	Dept. of State	:
Registered Agent:	Chris Cook		
Registered Office Address:	7860 Riffle Lane Orlando, FL 32818		
NEW Registered Agent: NEW Registered Office Address:	Shannon Nelson 14545 Michener Trail		
(MUST BE FLORIDA STREET ADDRESS)		EX 0000	
	Orlando	,FL <u>3282</u>	<u>28</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the tical. Or, in the case of a F) was/were authorized by a rwise provided in the article	registered off	ice vote ition
Shannon Nelson Printed or typed name of signee			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	ngree to act in this capacity oper and complete perform sition as registered agent o crely reflect a change in the y has been notified in writi	n. I further ag nance of my di as provided fo registered of ng of this cha	ree to uties, or in fice nge.
Signature of Registered Agent			

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