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TALLAHASSEE FIRE

J. SAULSBERRY EXAMINER FEB 1 7 2012

COVER LETTER

TO: Registration Section . Division of Corporations	•			
SUBJECT: Macsole, LLC Name of Limite	ed Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for	or filing.		
Please return all correspondence concerning this matter to the following:				
Kristan Hamili Name of Person	·			
8072 Whiskey Pend Lane				
Sova Sota, FL 34240 City/State and Zip Code	 .	2012 FEB 13 SECRETARY ALLAHASSE		
Pathmingway @ Custy pro Con E-mail address: (to be used for future annual report notificat	Suffy Can	AM 9: 01 Of State E. Florid		
For further information concerning this matter, pl	ease call:	9: 04 ATE DRIDA	***************************************	
Patricia Hemingway at (941 306-5357 Area Code & Daytime Telephone 1	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 amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified C	Сору		

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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:	اله رده
2. (a) Principal office address of limited liability company	y:
(Note: MUST BE STREET ADDRESS)	Savasota, Fr 34240
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	Same
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Richard Saba
Registered Office Address:	2033 Main Sheet, Sut 323 Sarasota, Fr 34240
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW</u> Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address: 12 FEB TARY OF S.FL.
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 ident 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 of authorized epresentative of a member Printed or typed name of signee	lorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote wise provided in the articles of organization.
I hereby accept the appointment as registered agent and a	gree to act in this capacity. I further agree to

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 of Registered Agent