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OCUMENT #	L98000002359	

1. Entity Name

METAL LINK INTERNATIONAL, L.C.

Principal Place of Business

Mailing Address

103 CENTURY 21 DR., SUITE 217

103 CENTURY 21 DR., SUITE 217 JACKSONVILLE FL 32216-9295

JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOM City & State 4. FEI Number City & State Ζĺρ Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N 421\$ SOUTHPOINT BLVD., SUITE 100 JACKSONVILLE FL 32216 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 9. 10. TITLE ☐ Delete TITLE MGRM NAME MAME MCREE, THOMAS E STREET ADDRESS STREET ADDRESS 103 CENTURY 21 DR., SUITE 217 CITY-ST-ZIP CITY-81-ZIP JACKSONVILLE FL 32216 ☐ Defeta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP C1TY- 81-21P 🗌 Delata TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-\$T-719 Change ☐ Addition TITLE Deteta TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-8T-7IP CITY-ST-7IP Addition Delete TITLE Charge TITLE MAME STREET ADDRESS SYREET ADDRESS CITY-ST-ZEF CITY- 8T- ZIP Change Addition (C) Delato TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-87-ZIP CITY-81-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGE

Daytime Phone #