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## Florida Department of State Division of Corporations Public Access System

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## REGISTERED AGENT CHANGE

MARC ASSOCIATES, INC.

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6/19/2008



June 19, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MARC ASSOCIATES, INC. 601 N LOIS AVE TAMPA, FL 33609

SUBJECT: MARC ASSOCIATES, INC.

REF: F00700

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Teresa Brown Regulatory Specialist II FAX Aud. #: H08000155342 Letter Number: 908A00037330

SECRETARY OF STATE

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida tered agent, or both, in the State of Florida.	
I. The name of t	he corporation: MARC ASSOCIATES, I	NC,	
2. The principal	office address: 601 N LOIS AVE TAMP	A FL 33609	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 10/7/1980	Document number: F00700	
	street address of the current registered atment of State:	agent and registered office on file with the	
	SEAN V DONELLY		
	601 N LOIS AVE TAMPA FL 33609 US	}	
6. The name and (if changed):	street address of the new registered age	ant (if changed) and /or registered office SECRET S	てデ
	c/o C T Corporation System,	SAR TO	
	(P.O. Box NOT acceptable)		ï
	Plantation, Fk	orida 33324 FS 9	•
as changed will	be identical.	t address of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been n	ed by its board of directors or by an officer so orified in writing of the change.	
	rero( an othlogy of director)	Clint Chung, Scoretary [Printed or typed name and little]	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent a o comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in t been notified in writing of this chang	nd agree to act in this capacity untes relative to the proper and complete performance ligation of my position as registered agent. Or, if this he registered office address, I hereby confirm that the e.	• !
By:	C T Corporation System	6-17-03	,
	nature of Registered Agent)	(Daj4)	
If signing on bel	half of an entity: Samantha Jones		
	Assistant Secretary		
π		EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

PL006 - 09/14/2005 C T System Online

CR2E045 (8/05)