## F0/0005/34

| (Requestor's Name)  (Address)  (Address)   | 700090572777   |         |  |
|--|--|---------|--|
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: | O7 MAR -6 AM IO: 56  SECRETARY OF STATE TALLAHASSEE. FLORIDA | **35.00 |  |
| Office Use Only  |  |         |  |



## **FILING REQUEST**

February 28, 2007

## **FLORIDA SECRETARY OF STATE**

Type of Filing:

CHANGE OF AGENT

Subject(s):

LIFEMARK PARTNERS, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE/AGENT

Supporting Document(s):

Check Enclosed:

CHECK #25514 FOR \$35.00

Return Via: REGULAR MAIL

Filing Method:

ASAP

PLEASE RETURN TO: PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

1500 1 Super

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

eg var. grajoariji

Sections Thanksyou!

Jackie Sorman

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

| _  | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stati<br>inge is submitted for a corporation organized under the laws of the State of Mary  |                                     |                            |              |
|--|---|-------------------------------------|----------------------------|--------------|
| •  | r to change its registered office or registered agent, or both, in the State of Flori   |                                     |                            |              |
| 1. The name of t   | the corporation: LifeMark Partners, Inc.  |                                     |                            |              |
|  | office address: 575 South Charles Street, Suite 505, Baltimore, MD 21201  |                                     |                            |              |
| 2. The principal   |   |                                     |                            |              |
| 3. The mailing a   | ddress (if different):  |                                     |                            |              |
| 4. Date of incorporation/qualification: 10/1/20001 Document number: F01000005134                 |   |                                     |                            |              |
| 5. The name and  | street address of the current registered agent and registered office on file with them tof State:   |                                     |                            |              |
|  | CT Corporation System   |                                     |                            |              |
|  | 1200 South Pine Island Road   |                                     |                            |              |
|  | Plantation, FL 33324  | SEC                                 | 071                        | /www.        |
| 6. The name and (if changed):  | street address of the new registered agent (if changed) and /or registered office   | CRETAR)                             | 07 MAR -6                  | -            |
|  | NRAI Services, Inc.   | 띮                                   | AH                         | i<br>Pareste |
|  | 2731 Executive Park Drive, Suite 4  | STA                                 | 1 10: 5                    | (            |
|  | (P.O. Box NOT acceptable) Weston, FL 33331  | IDA<br>A                            | 6                          |              |
|  |   |                                     |                            |              |
| The street addre<br>as changed will  | ess of its registered office and the street address of the business office of its rebe identical.   | gistered                            | agent,                     |              |
| Such change wa<br>authorized by th   | as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.  | icer so                             |                            |              |
| Lyer (Signate  | Rebecca G. Wingate, President (Printed or typed name and title)   |                                     |                            |              |
| I hereby accept<br>I further agree to<br>of my duties, an<br>document is beit<br>corporation has | the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered as ng filed merely to reflect a change in the registered office address, I hereby to be notified in writing of this change. | te perfor<br>zent. Or,<br>onfirm th | mance<br>if this<br>at the |              |
|  | Den 9/8/201   |                                     |                            |              |
| (5)  | spature of Registered Agent) (Date)   |                                     |                            |              |
| If signing on be   | half of an entity:  |                                     |                            |              |
|  | nan, Assistant Secretary  |                                     |                            |              |
| (1   | Typed or Printed Name)  |                                     |                            |              |