

F04000004699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

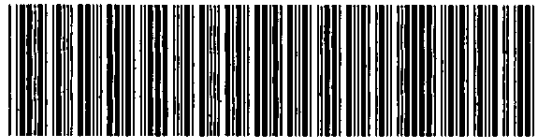
(Business Entity Name)

(Document Number)

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FILED

T. Roberts OCT 02 2008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2008

ROBERT SCHMIDT  
MARKETLAB, INC.  
6850 SOUTHBELT DRIVE  
CALEDONIA, MI 49316

*Ammended  
Attached.*

SUBJECT: MARKETLAB, INC.  
Ref. Number: F04000004699

We have received your document for MARKETLAB, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 008A00050076

RECEIVED  
2008 OCT -2 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MarketLab Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Schmidt  
(Name of Contact Person)

MarketLab Inc.  
(Firm/Company)

6850 Southbelt Drive  
(Address)

Caledonia, MI 49316  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Schmidt at (616) 656-2484  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Marret Lab, Inc.  
2. The principal office address: 6850 Southbelt Drive  
Caledonia, MI 49316  
3. The mailing address (if different): Same

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System  
1200 South Pine Island Rd.  
Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael Bieker  
9391 Oakstrand  
(P.O. Box NOT acceptable)  
Bonita Springs, FL 34135

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Michael C. Bieker  
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
(Signature of Registered Agent)

8/19/08  
(Date)

If signing on behalf of an entity:

Michael C. Bieker  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

FILED  
08 OCT -2 PM 3:48  
CLERK OF STATE  
TALLAHASSEE, FLORIDA