

W200006914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

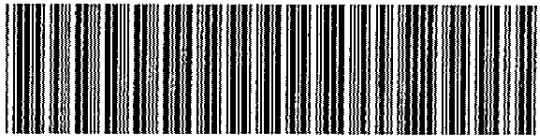
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W2-6914

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RJH

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

04 DEC - 1 PM 5: 14

FILED

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. The name of the limited liability company is: MPK, LLC
2. The mailing address of the limited liability company is : 11897 SW 141ST PLACE
DUNNELLO, FL 34432-6668

3. Date of filing/registration in Florida _____ 4. Document number L02000006914

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

PETER TSELIKIS
Name
11897 SW 141ST PLACE
Address
DUNNELLO, FL 34432-6668
City, State and Zip

6. The name and address of the new registered agent and/or office:

PETER TSELIKIS
Name
758 MUSA DRIVE
Florida street address (P.O. Box NOT acceptable)
KEY LARGO FL 33037
City, State and Zip

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STATE OF FLORIDA
TALLAHASSEE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X Pamela Edwards
(Signature of a member or authorized representative of a member)

JUERGEN BERGROTH / PAMELA EDWARDS
(Printed or typed name of signee)

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.

X [Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314