## U02000030898

(Re	equestor's Name)			
(Ad	idress)			
(Ad	ddress)			
(Cit	ty/State/Zip/Phone #)			
	WAIT MAIL			
(Bu	isiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			
L02-	30898			

Office Use Only





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## RT engines, LLC 476 Hwy AIA, Suite 5A Satellite Beach, FL 32937

December 7, 2003

Division of Corporations PO Box 6327 Tallahassee, FL 32314 1/9/04 FF \$25.00

Dear Sir or Madam,

Enclosed please find the following forms:

- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF MARKETING METRICS, LLC
- STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Also enclosed is a check to the Florida Department of State for \$85 for the two \$25 filing fees, plus \$35 for a certified copy and a certificate of status.

Please file these forms as soon as possible and return the certified copy and certificate of status to my attention at the following address:

Wayne Wilkerson 476 Hwy A1A, Suite 5A Satellite Beach, FL 32937

If you have any questions, I can be reached at 321-779-3772.

Thank you,

Wayne Wilkerson

Manager

## STATEMENT OF CHANGE OF REGIȘTERED 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.

agem, or boin, in the sie	ne of 1 tortaa.			
1. The name of the limit	ted liability company is:	RT engines, LLC (f/k/	a <u>Marketing Me</u> t	ric: LL
2. The mailing address	of the limited liability co	mpany is: 476 Hwy A1A, S	Suite 5A	
Satellite Beac	ch, FL 32937			
November 19, 2	2002	L02000030898		
3. Date of filing/registra	ition in Florida	4. Document number		
5. The name of the regis Florida Department of		tered office address as shown on the	ne records of the	
	Patrick Anders	on Name		
	020 C Harbor	City Blvd, Suite 505		
		Address	7. 0	
	Melbourne, FL	32901	O4 JAN SLGREN FALLAREN	
	City,	State and Zip	P E T	
6. The name and address	of the new registered ag	gent and/or office:	<u> </u>	
	<u>Wayne O. Wilke</u>		3 3 9	-
	476 Hwy A1A, S	Name	2: 34 10:33E	
		s (P.O. Box NOT acceptable)	F11-815A	
	Satellite Beac	her 32937		
-		tate and Zip	•	
confirmed that after the and the business office o	change or changes are marked the registered agent will ereby confirmed that the red liability company or a finite of the limited liability confirmed that the limited liability confirmed liability liability confirmed liability liability confirmed liability		ne registered office Florida limited	-4
(Signature of a member of audit	rized representative of a membe	n)		
Wayne O. Wilkers (Printed or typed name of signed	e)	<u> </u>	-	<b>2</b> . · ·
Miller		gent and agree to act in this capace to the proper and complete perfors of my position as registered agen lied to merely reflect a change in the company has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in he registered office iting of this change.	
(Signature of Registered Agent)				

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

**FILING FEE: \$25.00** 

INHS18(10/99)