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LAW OFFICES

JOHNSON & LIVINGSTON

PATENTS, TRADEMARKS, COPYRIGHTS & BUSINESS LAW
963 TRAIL TERRACE DRIVE
NAPLES, FLORIDA 34103

MERRILL N. JOHNSON, ESQ. EDWARD M. LIVINGSTON, PA.

OFFICE: 239-262-8502 800-548-4332

FAX: 239-261-3773

September 5, 2003

Corporate Record Bureau Division of Corporations Department of State P.O. Box 6327 Tallahassee, FL 32314

Re: MARSEC INTERNATIONAL, LLC.

Our File No.: 03-5305

Dear Sir/Madam:

Enclosed are an original and one copy of Limited Partnership Statement of Change of Registered Office or Registered Agent or Both, with our law office check in the amount of \$35.00 for the filing fee attached thereto.

If you have questions or require further information, please do not hesitate to contact this office.

Very truly yours,

*Signed by an assistan

Edward M. Livingston

EML:djp

Enclosures as Stated

LIMITED LIABILITY COMPANYSTATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 608.416 or 608.500 or 608.500 rida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. MARSEC INTERNATIONAL, LLC
Name of the limited liability company
2. February 5, 2003 Date of filing/registration in Florida 3. LO3000004385 Deciment number assigned
Date of mingregistration in Plotida Document number assigned
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Ray Mauri
Name
177 East 18th Street
Address
Hialeah, FL 33010
City, State and Zip
5. The name and address of the new registered agent and/or office:
Edward M. Livingston, Esq.
Name
963 Trail Terrace Drive
Florida street address (P.O. Box not acceptable)
Naples, FI 34103
City, State and Zip
6. Such change(s) was/were authorized by the member/auth. representative
C/felmon (some
Signature of
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. Or, if this document is being filed
merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has
been notified in writing of this change.
Church =
Signature of Registered Agent

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00