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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____ The Marlowe Group, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Teresa S. Good

Name of Person

Trenam Kemker Firm/Company

Post Office Box 1102 Address

Tampa, Florida 33601-1102 City/State and Zip Code

tsgood@trenam.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teresa S. Good Name of Person 813)

at (

202-7827

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (5/08)

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. Name of the limited liability company:T	IE MARLOWE GROUP, LLC		
2. (a) Principal office address of limited liability compar	y: 41 Asbury Street		
(<u>Note: MUST BE STREET ADDRESS</u>)	Topsfield, MA_01983		
(b) Mailing address of limited liability company:	P. O. Box 306		
- ↓	Weston MA 02493-1529		
6/19/2001	L0300008891		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	Lynch, Francis X., J. Esq		
Registered Office Address:	625 North Flagler Drive, 9th Floor West Palm Beach, FL 33401		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	TK Registered Agent, Inc.		
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.			
Wendy M. Coke Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the prana familiar with and accept the obligations of my pochapter 508, ES. Or, if this document is being filed to ma address. If hereby confirm that the limited liability comparent is being filed to ma address. If hereby confirm that the limited liability comparent is being filed to ma address. If hereby confirm that the limited liability comparent is being filed to ma address. If hereby confirm that the limited liability comparent is being filed to ma address. If hereby confirm that the limited liability comparent is being filed to ma address. If hereby confirm that the limited liability comparent is being filed to ma address. If hereby confirm that the limited liability comparent is being filed to ma address. If hereby confirms that the limited liability comparent is being filed to ma address. If hereby confirms that the limited liability comparent is being filed to ma address. If hereby confirms that the limited liability comparent is being filed to ma address. If hereby confirms that the limited liability comparent is being filed to ma address. If hereby confirms that the limited liability comparent is being filed to ma address. If hereby confirms that the limited liability comparent is being filed to ma address. If hereby confirms that the limited liability comparent is being filed to ma address. If hereby confirms that the limited liability comparent is being filed to ma address. If hereby confirms that the limited liability comparent is being filed to ma address. If hereby confirms that the limited liability comparent is being filed to ma address. If hereby confirms that the limited liability comparent is being filed to ma address. If hereby confirms that the limited liability comparent is being filed to ma address. If hereby confirms that thereby confirms			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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