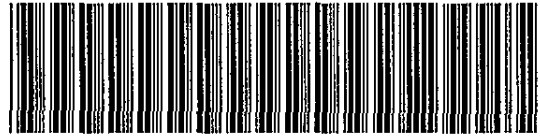


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2004 SEP 10 A 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



700040770077

09/10/04--01017--013 **25.00

(Requestor's Name)

LAW OFFICES OF JOHN L. DI MASI, P.A.
207 E. LIVINGSTON STREET
ORLANDO, FLORIDA 32801

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**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: MDP ENTERPRISES, LLC
2. The mailing address of the limited liability company is : 5144 CITY STREET, APT. 224,
ORLANDO, FLORIDA 32839

04-18-2003

L03000013914

3. Date of filing/registration in Florida

4. Document number

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

MICHAEL DELLAPIA

Name

4155 CITY STREET, APT. 224

Address

ORLANDO, FLORIDA 32839

City, State and Zip

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

MICHAEL DELLA PIA

Name

5101 CEDARLEAF LANE

Florida street address (P.O. Box NOT acceptable)

ORLANDO FL 32829

City, State and Zip

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.


(Signature of a member or authorized representative of a member)

MICHAEL DELLA PIA

(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.


(Signature of Registered Agent)

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

FILED
2004 SEP 10 A 11:32
TALLAHASSEE, FLORIDA
SECRETARY OF STATE