## D3000013914

M. DellaPi-Je 5144 City +St. Apt204 — OHando FL 32839					
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CORPORATIONS
WHAT AHASSEE, FLORIDA

## 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 limite	d liability company is:	MDP Ent	erprises LLC	
2. The mailing address of				pt 224
Orlando, Florida 32839				
April 17, 2003			L03000013914	
3. Date of filing/registration in Florida			4. Document number	
5. The name of the register Florida Department of	State: Form-A-Corp, Steph	en Levy	address as shown on	the records of the
er e	100 Village Square	Name Crossing,	Suite 103	
	Palm Beach Garden	Address is, FL. 334 State and Z		THE SEE, FLORID
6. The name and address of	of the new registered ago	ent and/or o	office:	10000000000000000000000000000000000000
Michael Della Pia				
	5144 City Street, Ap	ame t. 224		E. F.
•	Florida street address	(P.O. Box	NOT acceptable)	皇 二
	Orlando,	<sub>FL</sub> 3283	9	935
	City, Sta	ate and Zip		
If the limited liability com confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the limited that the limited th	lange or changes are mathe registered agent will eby confirmed that the call liability company or as the limited liability confirmed that the call liability confirmed liability	de, the Flo be identic change(s) we so therwise mpany.	rida street address of al. Or, in the case of	the registered office
Michael Della Pia				
(Printed or typed name of signee)		•	<del>-</del>	v - •••
I hereby accept the appoi comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered ages of all statutes relative accept the obligations his document is being fit that the limited liability	ent and agr to the prop of my posi. led to mere company l	ee to act in this capa er and complete per tion as registered ag ly reflect a change in ias been notified in v	scity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.
(Signature of Registered Agent)	V 010-1102			•

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

INHS18(10/99)

**FILING FEE: \$25.00**