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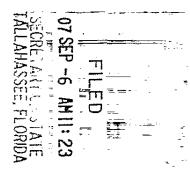
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations	.=
SUBJECT: THE MARCH GROUP LLC	mited Liability Company)
(Name of Life	miled Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	
CRAIG MARCH	=
(Name of Person)	- · ·
THE MARCH GROUP LLC (Firm/Company)	<u>-</u>
16160 Performance Way (Address)	-
Naples, FL 34110 (City/State and Zip Code)	
For further information concerning this matter	
Craig March (Name of Person)	at (Z39) 593-4074 (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

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	ed liability company	is: THE MARC	H GROUP LLC				
2. The mailing address o	f the limited liabilit	y company is:					
16160 Performance Way			-54				•
04/29/2003			L0300001532	8_			
3. Date of filing/registrat	ion in Florida		4. Document	number	****		
5. The name of the register Florida Department of	ered agent and the r State:	egistered office	address as sho	wn on the rea	cords of	the	
1 iorian Doparationi of	CT Corporation	System	 . u er				
		Name		·			
_	1200 South Pine		=				
	Diontation El 991	Address	= -		Zα	_	
4.	Plantation, FL 333	ity, State and Z)7 (
6. The name and address		• •	•		AF.	SEP-6 AH 11: 23	
o. The hame and address	<i>(</i> 2)	•			25.	9	=
	[MAIG	MATEC Name	<u>h - </u>	<u></u>		I	-ED
-			 -		<u> </u>	_	O
-	16160 Performance		77070 C	1 \	윤 윤	~	
	Florida street add	iress (P.O. Box	NO1 acceptad	ole)	DA T	ယ်	
<i>,</i>	Naples,	FL 333					
	Cit	y, State and Zi	p -				
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the limited or the operating agreement.	hange or changes are the registered agen reby confirmed that	re made, the Flo it will be identi- t the change(s)	orida street add cal. Or, in the was/were autho	ress of the re case of a Flor orized by an a	gistered rida limi affirmat	oflic ited ive vo	ote
(Signature of a member or author	ized representative of a m	ember)					
· · ·	ARCA		. <u>.</u>	<u> </u>	٠.		
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	A	ed agent and ag ative to the pro- tions of my pos- ing filed to mer bility company	ree to act in the per and comple ition as registe ely reflect a ch has been notifi	is capacity. Ite performan Ted agent as The re Ted in writing	l further ice of m provide gistered of this	· agre y duti d for d offic chang	e to es, in ce ge.
(Signature of Registered Agent)	γ		HE Y		•		

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