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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Matcro Land, UC (Name of corporation)
DOCUMENT NUMBER: <u>L03000020643</u>
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John W. Cronin
Matcro Land LLC (Name of firm/company)
(Name of Infine Company)
143 Juno Street
JUDITED (Address) (City/state and zip code) (Address) (City/state and zip code)
For further information concerning this matter, please call:
(Name of person) at (S61, 747-7148 (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



October 30, 2003

JOHN W. CRONIN MATCRO LAND, LLC 143 JUNO STREET JUPITER, FL 33458

SUBJECT: MATCRO LAND, LLC Ref. Number: L03000020643

TOWN TOWN OF THE SEE, FLORIDAS

We have received your document for MATCRO LAND, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 003A00059116

Joey Bryan Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

BOTH FOR EMITTED BIABILITY 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:
2. The mailing address of the limited liability company is: 143 000 5100 5100 5100 5100 5100 5100 5100
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: State: State
6. The name and address of the new registered agent and/or office: Name Name Florida street, address (P.O. Box NOT acceptable) 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) (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 filled to merely reflect a change in the registered office address. I wereby continuity in that the limited liability company has been notified in writing of this change. [Stephands of Registered Agent]

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

INHS18(10/99) FILING FEE: \$25.00