L03000029942

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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ALLAMASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: G-Force Holdings LLC (Name o	of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concernis	ng this matter to the following:
Deborah McLeod (Name of Person)	2005 NO SECRETALLAH
Mark-One Holdings LLC (Firm/Company)	2005 NOV 22 PM 1: 52 SECRETARY OF STATE ALLAHASSEE, FLORIDA
7601 Centurion Parkway	ORID
(Address)	
Jacksonville, FL 32256	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Deborah McLeod	at (904) 899-8324
(Name of Person)	(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 follow	ving 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.

	3						
1. The name of the limit	ed liability company	/ is: <u>G-F</u>	orce Holdings LLC				
2. The mailing address of	of the limited liabilit	y compan	y is : 7601 Centurion P	'arkway, Ja	cksonville	е,	
FL 32256		•					•
8/11/03		• •	L03000029942		***		•
······································		•					
Date of filing/registration in Florida			4. Document nu	mber			
5. The name of the regist Florida Department of		egistered	office address as shown	on the recor	rds of the		
	George Owen						
		Nam	ie	-			
	100 First Ave. S	South, Si	uite 500				
		Addr	ess	-			
	St. Petersburg,	FL 3370)1				
		ity, State		-			
6. The name and address	of the new registere	d agent a	nd/or office:		TAL	200	
Deborah McLeod				ΣS	2005 NOV 22		
Name			•	AHASS	9	.33	
7601 Centurion Parkway				SSE	2		
Florida street address (P.O. Box NOT acceptable)				OF S	PH		
	Jacksonville,	FL	32256		101 71.S		
	Cit	y, State a	nd Zip		ORIDA	55	
confirmed that after the c	hange or changes ar	e made, t	the laws of the State of the Florida street address	of the regis	tered offi	ce	

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.

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

Stock (Printed or typed name of signal)

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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or of this document obeing filed to merely reflect a change in the registered office address, Thereby 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 FILING FEE: \$25.00