## L04000008271

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ACCOUNT NO. : 072100000032

REFERENCE: 457139 162321A

AUTHORIZATION

COST LIMIT

ORDER DATE: June 29, 2005

ORDER\_TIME : 10:41 AM

ORDER NO. : 457139-005

CUSTOMER NO: 162321A

CUSTOMER: Ms. Alison Sutorius

Simon Meyrowitz & Meyrowitz,

12th Floor

470 Park Ave South New York, NY 10016

## CHANGE OF AGENT

NAME: MAK, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER:

## 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	ty company is: MAK, LLC	
2. The mailing address of the lim	ited liability company is:	
3680 Environ Blvd. Unit	501, lauderhill, FL33319	)
	· · · · · · · · · · · · · · · · · · ·	
January 23, 2004	<u></u>	.04000008271
3. Date of filing/registration in Fl	orida 4.	. Document number
	nt and the registered office ad	dress as shown on the records of the
Florida Department of State:		TAS OF
	Georgia Rogers	
_	Name	OS AUG
3650 Environ Boulevard, Unit 501		
Address		19 Me - 11
Lauderhill, FL 33319 City, State and Zip		ice:
6. The name and address of the new registered agent and/or office:		
6. The name and address of the new registered agent and/or office:		
	Gary Rogers	ŕ
	Name	
18855	North East 29th Avenue,	Suite 700
Florid	a street address (P.O. Box NO	OT acceptable)
<u>.</u>	ventura FL	33180
	City, State and Zip	
confirmed that after the change or and the business office of the regiliability company, it is hereby con the members of the limited liability the operating agreement of the limited liability (Signature of a member or authorized repressing the confirmed representation of the confirmed	changes are made, the Florid stered agent will be identical. firmed that the change(s) was cy company or as otherwise printed liability company.  entative of a member)	of the State of Florida, it is hereby a street address of the registered office Or, in the case of a Florida limited were authorized by an affirmative vote of rovided in the articles of organization or to act in this capacity. I further agree to and complete performance of my duties
		to act in this capacity. I further agree to and complete performance of my duties, n as registered agent as provided for in reflect a change in the registered office s been notified in writing of this change.
	gers	
Division of Co	rporations, P.O. Box 6327, 7	Fallahassee, FL 32314

**FILING FEE: \$25.00** 

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