

L04000017330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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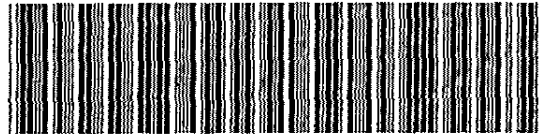
(Business Entity Name)

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2004 AUG 23 AM 8:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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J. BRYAN AUG 11 2004

J. BRYAN AUG 24 2004



SAM A. MACKIE, P. A.
Attorney & Counselor at Law

6 August 2004

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2004 AUG 23 AM 8:56
JUDICIAL CORPORATION
TALLAHASSEE, FLORIDA

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Change of Registered Agent
Mo Nopole', L.L.C.

Dear Sir or Madam:

Enclosed please find the Change of Registered Agent for the above-named Florida corporation, and our office check #4324 in the amount of thirty-five and 00/100 dollars (\$35.00) as the filing fee for this document.

Please process this Change of Registered Agent as soon as possible; and feel free to telephone me if you have any questions or comments related to this matter.

Sincerely,

Sam A. Mackie
Attorney at Law

SAM: tms
Enclosures
c: Mo Nopole', L.L.C.
File



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 11, 2004

SAM A MACKIE
SAM A. MACKIE, P.A.
550 N. BUMBY AVE., STE. 220
ORLANDO, FL 32803-4927

SUBJECT: MO NOPOLE', LLC
Ref. Number: L04000017330

We have received your document for MO NOPOLE', 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Joey Bryan
Document Specialist

Letter Number: 104A00049740

August 19, 2004

Dear Ms. Bryan:

Enclosed please find the completed and signed Registered Agent/Office change form for the above-noted LLC. Please process this form as soon as possible and provide us with confirmation of the change of information.

Sincerely,

Toni M. Sirmans
Toni M. Sirmans
Legal Secretary

Enc.

4002 2 1 904 11
AUG 17 2004
SAMS A. MACKIE
TALLAHASSEE, 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 limited liability company is: Mo Nopole', L.L.C.
2. The mailing address of the limited liability company is : 12214 Knights Crossing
Circle, Bldg. 6, Apt. 202A, Orlando, Florida 32817
3. Date of filing/registration in Florida 23 February 2004 4. Document number L04000017330

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

John H. Daniels, Jr.
Name
12214 Knights Crossing Cir. Bldg. 6, Apt. 202A
Address
Orlando, Florida 32817
City, State and Zip

6. The name and address of the new registered agent and/or office:

Michael Hess
Name
2876 Old Castle Drive
Florida street address (P.O. Box NOT acceptable)
Winter Park FL 32792
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.

John H. Daniels, Jr. Member
(Signature of a member or authorized representative of a member)

John H. Daniels, Jr.
(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 filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Michael Hess
(Signature of Registered Agent)

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

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