(Re	equestor's Name)	<u>. </u>
(Ad	idress)	
(Ad	ldress)	<u></u>
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

NOV 19 2012

EXAMINER



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11/16/12--01006--006 **25.00

12 NOV 16 PM 2: 50

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. Na	ame of the limited liability company: MAC MARKETING, LLC		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	210 PARKTOWNE BLVD. #1 EDGEWATER, FL 32132	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME AS ABOVE	
4/1/2004	1	L04000024615	
3. Da	tte of filing/registration in Florida	1. Document number	
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida D	ept. of State:
	Registered Agent:	MAURICE MCCRACKEN	<u> </u>
	Registered Office Address:	1829 MANGO TREE DR EDGEWATER, FL 32132	NOV 15
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>		F 2 11
	NEW Registered Agent:	MAURICE MCCRACKEN	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	210 PARKTOWNE BLVD. #1	
		EDGEWATER	,FL_32132
confir and the liabilithe me the of	limited liability company is not organized under the larmed that after the change or changes are made, the Flene business office of the registered agent will be identified to company, it is hereby confirmed that the change(s) tembers of the limited liability company or as otherwise perating agreement of the limited liability company.	orida street address of the r cal. Or, in the case of a Flo was/were authorized by an	registered office orida limited affirmative vote of
	CE MCCRACKEN	-	
I her comp and I Chap addre	tor typed name of signee teby accept the appointment as registered agent and as ly with the provisions of all statutes relative to the provisions of my poster 608, F.S. Or, if this document is being filed to meroes, I hereby confirm that the limited liability company	gree to act in this capacity. Sper and complete performs sition as registered agent a rely reflect a change in the has been notified in writin	I further agree to ance of my duties, s provided for in registered office ig of this change.

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAC MARKETING, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEBI KELLEY

Name of Person

MAC MARKETING, LLC

Firm/Company

210 PARKTOWNE BLVD #1

Address

EDGEWATER, FL 32132

City/State and Zip Code

OPERATIONS@MACASSOC.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBI KELLEY

",386 4

423-2223

Name of Person

Area Code & Daytime Telephone Numbe

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