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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000026510			
1. Entity Name THE MARY A, LLC			
Principal Place of Business 226 NORTH DUVAL STREET TALLAHASSEE FL 32301		Mailing Address 226 NORTH DUVAL STREET TALLAHASSEE FL 32301	
2. Principal Place of Business		3. Mailing Address P.O. BOX 1633	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TALLAHASSEE, FL 32317	
Zip	Country	Zip	Country
4. FEI Number 201239925		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LINDSEY, WM. SCOTT 1407 PIEDMONT DRIVE EAST TALLAHASSEE FL 32308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable		[NOTE: Registered Agent signature required when reinstating]	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM RUDNICK, JAMES M. 226 NORTH DUVAL STREET TALLAHASSEE FL 32301 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: [Signature]		Date: 3/8/05 Daytime Phone #: 850-671-9999	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			