

	(Requestor's Name)					
	(Address)					
<b>.</b>						
	(Address)					
•	(City/State/Zip/Phone #)					
PICK-U	P MAIL MAIL					
	(Business Entity Name)					
(Document Number)						
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SECRETARY OF STATE OF STATE OF CORPORATIONS

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	stration ! ion of C	Section Corporation	ns		
SUBJECT:	MAKR	LLC			
		•	(Name of Limite	ed Liability Company)	
Dear Sir or N	Лаdam:				
The enclosed	l Registe	ered Agen	t/Registered Office	Change and fee(s) are submitted for filing.	
	_	_	-		
r lease return	an con	esponden	te concerning this is	natter to the following:	
Mary Jo	Gross	(Name of F	2	***************************************	
		(Name of F	rerson)		
ET Inves	tments	, LLC			
		(Firm/Com	(pany)	<del></del>	
•					
3033 S.	Parker	Rd. #11 (Address			
		(Address	<b>;</b> }		
Aurora,	CO 800	1 A			
naroray		City/State and	Zip Code)	<del></del>	
For further in	nformati	on concer	ning this matter, ple	ease call:	
Mary Jo (			at (_	303 ) 752-6431	
	(Nam	e of Person	n)	(Area Code & Daytime Telephone Nun	iber)
\$TDE	' <b>፫</b> ፕ/ሮብ	URIER AI	annree.	MAILING ADDRESS:	
	tration Se		MINESS.	Registration Section	
		rporations		Division of Corporations	
	n Buildir Executiv	ig c Center Ci	irele	P.O. Box 6327 Tallahassee, Florida 32314	
		lorida 3230		. withingsoo, t follow 32317	
Enclo	sed is a	check for	r the following am	ount:	
X \$2:	5 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. 1. The name of the limited liability company is: MAKR LLC 2. The mailing address of the limited liability company is: 2810 Vine Street, Orlando, FL 32806 L04000044726 06/15/2004 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Jason Gregory Name 605 Briercliff Drive · Address Orlando, FL 32806 City, State and Zip 6. The name and address of the new registered agent and/or office: Jason Gregory Name 2810 Vine Street Florida street address (P.O. Box **NOT** acceptable) Orlando 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.

(Signature of a member of authorized representative of a member)

Jason Gregory
(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 have by 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