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SECRETARY OF SIME

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MAK ONE, LLC, a Florida	a Limited Liability Compan	у.
	nited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submi	tted for filing.
Please return all correspondence concerning the	is matter to the following:	
D. HUGH KINSEY, JR.		
(Name of Person)		•
SHEPPARD, BRETT, STEWART, HERSCH & KI	NSEY, P.A.	
(Firm/Company)		· · · · · · · · · ·
9100 COLLEGE POINTE COURT		ZIDS SECT
(Address)		NETA NOV
FORT MYERS, FLORIDA 33919		25 TS
(City/State and Zip Code)		
For further information concerning this matter,	places call.	第 3
For further information concerning this matter,	, prease carr:	
D. HUGH KINSEY, JR.	at (239) 334-1141	
(Name of Person)		me Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301		-
Enclosed is a check for the following	amount:	
\$25 Filing Fee	S55 Filing Fee & Certi	fied 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	8.508, Florida 1	Statutes, the	undersigned	limited
liability company submits the following	' statement in oi	raer to change t	its registered	office or reg	ristered
agent, or both, in the State of Florida.			3	W	,

liability company sub agent, or both, in the l	mits the following s State of Florida.	statement in order	to change its regi	stered off	ice or	registered
1. The name of the lin	nited liability comp	any is: Mak One,	LLC			
2. The mailing address	s of the limited liab	oility company is:	6710 Winkler Road, Su	ite 3, Fort M	lyers, Fl	lorida 33919
					<u>.</u>	_ .
June 30, 2004			L04000048971			
3. Date of filing/regis	tration in Florida		4. Document nun	nber		
5. The name of the reg Florida Department	of State:		address as shown o	on the rec	ords o	f the
	Kathy Morgan					
		Name				
	6710 Winkler	Road, Suite 3		**		
	F () .	Address				
	Fort Myers, F	lorida 33919 City, State and Z				_
		• .	•			
6. The name and addre	ess of the new regist	tered agent and/or	office:			
	Timothy Cabra	al		_,		
		Name		™.	78	
	1084 Sixth Av	renue North		59	S	
	Florida street	address (P.O. Box	NOT acceptable)		NO I	£
	Naples,	FL 3410	02	227 247 277	S	है इन्ह्याद्व
		City, State and Zip)	in the second	U	
If the limited liability confirmed that after the and the business office liability company, it is of the members of the or the operating agree	te change or change e of the registered as s hereby confirmed to be limited liability co	s are made, the Flogent will be idention that the change(s) many or as other	orida street address cal. Or, in the case was/were authorize wise provided in the	of the reg of a Flori d by an a	isterec ida lim ffirmat	d office lited tive vote
(Signature of a prember or at	thorized representative of	a member)				
Kathy Morgan	. 1					
(Printed or typed name of sig	mee)	· · · · · · · · · · · · · · · · · · ·	,	-		··
I hereby accept the an comply with the provi and I am familiar with Chapter 608, F.S. Or address, I hereby cont	, ,	tered agent and ag relative to the proj igations of my pos being filed to mer liability company	ree to act in this ca ver and complete p ition as registered c ely reflect a change has been notified iv	pacity. I erformand agent as p in the re writing o	furthe ce of m rovide gistere of this	r agree to 1y duties, 2d for in 2d office change.

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

(Signature of Registered Agent)