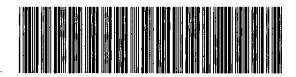
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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
•		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
<u>-</u>		
A. LUNT		
JAN - 7 2008		
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COVER LETTER

Division of Corporations	
SUBJECT: MAINUSTM	ENT COMPANY, LLC
(Name	e 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	ng this matter to the following:
MARK AMBACH (Name of Person)	
MA INVESTMENT CON	NOAWY LANASSE
3167 St. Annes (Address)	JEWE. PR 3: 43
Boca Raton, 44 (City/State and Zip Code)	33496
For further information concerning this ma	utter, please call:
MARK Ambach (Name of Person)	at (561) 981-5252 (Area Code & Daytime Telephone Number)
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 follow	ing amount:
\$25 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. Name of the limited liability company: MA IN	OVESTMENT COMPANY LLC
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 3167 St. Annes Drive. Bora Patow 1 71- 33496
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Sama as above As &
11818005	1050000 78HO 50 78HO
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	MARK Ambach
Registered Office Address:	1400 March Landing Parturary Saille 104 Lackson VILLE BEACH AL
(b) Enter name of NEW Registered Agent and/or NE	32250
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3167 St. Annes Drive. Boxa Raton FL33496
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
(Signature of a member or authorized representative of a member) MARK DAGH (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.
(Signature of Registered Agent)	•

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