

L 050000 187 36

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

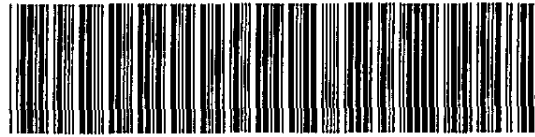
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: MIC LLC.

2. The mailing address of the limited liability company is: P.O. Box 731835  
ORMOND BEACH FL 32173

2/21/2005  
3. Date of filing/registration in Florida

LO5000018736  
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:

GILLIES CHARLES S TRUSTEE  
Name

450 QUAX ASSISI  
Address

NEW SMYRNA BEACH FL 32169  
City, State and Zip

6. The name and address of the new registered agent and/or office:

GILLIES CHARLES S TRUSTEE  
Name

33 BALE LANE  
Florida street address (P.O. Box NOT acceptable)

ORMOND BEACH FL 32174  
City, State and Zip

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TALLAHASSEE FLORIDA

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.

Charles S Gillies Trustee  
(Signature of a member or authorized representative of a member)

CHARLES S GILLIES TRUSTEE  
(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 hereby confirm that the limited liability company has been notified in writing of this change.

Charles S Gillies Trustee  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314