L0500021462

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/21p/) Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

FEB 1 2 2008

EXAMINER

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SECRETARY OF STATE

THE D

Corporate direct/

Creating Your Financial Future®

2248 Meridian Boulevard, Suite H Minden, Nevada 89423

775-824-0300 - Main 775-824-0105 - FAX 775-284-7168 - Mike Martin Direct

February 8, 2008

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re:

Maile Holdings, LLC

Dear Clerk:

Enclosed please find two original copies of the Statement of Change of registered Office or Registered Agent or Both for Limited Liability Company for the above-captioned entity. Also enclosed is a check for the filing fees. Once filed, please return the file-stamped copy to me at your earliest opportunity.

Thank you for your kind attention to this matter, should you have any questions concerning this application please do not hesitate to contact me.

Best Regards,

Mike Martin

Account Representative

:mm Enclosures

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: MAILE HOLDINGS, LLC (Name 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 concernin	g this matter to the following:				
Mike Martin					
(Name of Person)					
Corporate Direct, Inc. (Firm/Company)					
348 Mill Street					
(Address)	<u> </u>				
Reno, NV 89501	• ·				
(City/State and Zip Code)					
For further information concerning this ma	tter, please call:				
Mike Martin	at (775) 284-7168				
(Name of Person)	(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. The name of the limite	ed liability company	is: Maile Holding	s, LLC			
2. The mailing address o	f the limited liability	company is: _				
2248 Meridian Boulevard,	Suite H Minden, N\	V 89423				
March 1, 2005			L05000021462			
3. Date of filing/registration in Florida			4. Document number	er		
5. The name of the registe Florida Department of		gistered office a	ddress as shown on	the recor	ds of t	the
	Paracorp Incorpo	orated				
	226 Fact 6th Avenue	Name				
	236 East 6th Avenu	Address				
Tallahassee, FL 32303				_ 1	2	
	Cit	ty, State and Zip)	TÄLL SEC	8	
6. The name and address of the new registered agent and/or office:			AE TA	2008 FEB 1		
Gerri Detweiler				SE P	=	
		Name	•	<u> </u>	P	m
1037 Greystone Lane			13.5	<u></u>		
	Florida street addre	ess (P.O. Box N	(OT acceptable)	OF STATE	PM 4: 45	
	Sarasota	FL 34232		A	•	
	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 or authorized representative of a member)						
Mike Martin						
(Printed or typed name of signee)	1					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm Seri Detwill and (Signature of Registered Agent)	intment as registered is of all statules relat ed accept the obligati this document is bein that the limited liab	l agent and agre tive to the prope ions of my positi ig filed to merel ility company hi	ee to act in this capa er and complete perf ion as registered age y reflect a change in as been notified in w	city. I fu ormance ent as pro the regi vriting of	rther of of my ovided stered this cl	agree to duties, for in office hange.

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