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SECRETARY OF STATE

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COVER LETTER

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Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Bruce R. Abernethy, Jr.	at (772) 489-4901	
For further information concerning this mat	tter, please call:	
(City/State and Zip Code)		
Fort Pierce, FL 34982		
(Address)		
500 Virginia Avenue, Suite 202	ELD STATE	
Bruce R. Abernethy, Jr., P.A. (Firm/Company)	EEC A	
,	ECRETARY OF STAT	
Bruce R. Abernethy, Jr. (Name of Person)	——————————————————————————————————————	
Davido D. Albornothi, Jr	÷. 😝	
Please return all correspondence concerning	g this matter to the following:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Dear Sir or Madam:		
(Name of	Limited Liability Company)	
SUBJECT: McMaster Management, L		
Division of Corporations		
Division of Companyions		

INHS18 (8/05)

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.	1. The name of the limited liability company is: McMaster Management, LLC		
2.	. The mailing address of the limited liability company is : 215 S. Ocean Grande Dr., #201		
P	onte Vedra, FL 32082		
06	5/28/2005 L05000066123		
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:		
	Bruce R. Abernethy, Jr.		
	Name		
	900 Virginia Avenue, Suite 6		
	Fort Pierce, FL 34982		
	City, State and Zip		
6.	The name and address of the new registered agent and/or office: Bruce R. Abernethy, Jr. Name		
	Bruce R. Abernethy, Jr.		
	Name		
	500 Virginia Avenue, Suite 202		
	Florida street address (P.O. Box NOT acceptable)		
	Fort Pierce, FL 34982		
	City, State and Zip		
an lia of or	the limited liability company is not organized under the laws of the State of Florida, it is hereby infirmed 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 ability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote the members of the limited liability company or as otherwise provided in the articles of organization the operating agreement of the limited liability company. [Insert of a member of authorized representative of a member]		
ъ.	ruso B. Abornothy. Ir		
	ruce R. Abernethy, Jr. rinted or typed name of signee)		
I co ar Ci aa	hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to imply with the provisions of all statutes relative to the proper and complete performance of my duties, at I am familiar with and accept the obligations of my position as registered agent as provided for integrating the provided for its provi		
(5	ignature of Registered Agent)		
	Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		