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·
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(Address)
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PICK-UP WAIT MAIL
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SECRETARY OF STATE
ANASSEF, FLORIDA

5 M

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Makin' Money LLC (Name of	of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following:	
Troy Powell		
(Name of Person)		
Makin' Money LLC		
(Firm/Company)		
13014 N Dale Mabry Hwy #335		
(Address)	2007 APR SECRETA TALL AHA	
Tampa, FL 33618	APR ARE TA	- b :
(City/State and Zip Code)) ii
For further information concerning this m	of STATE CRID.	
Troy Powell	at (813) 269-9200	
(Name of Person)	(Area Code & Daytime Telephone Nun	nber)
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	wing 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 limit	ad liabilie.		w.I.I.C			
1. The name of the limit	•	•				
2. The mailing address of	of the limited li	ability company is: _			·	
13014 N Dale Mabry Hwy	#335, Tampa, F	L 33618				
08/08/2005			L05000077780			
3. Date of filing/registration in Florida			4. Document number			
5. The name of the regist Florida Department of		the registered office	address as shown on the	e records of the		
	Corporation	Service Company	<u> </u>			
	-	Name	_			
	1201 Hays S					
		Address	_			
	Tallahassee			700 23		
		City, State and Zi	ıp		ومسيسووج	
6. The name and address	of the new reg	istered agent and/or o	office:	2007 APR - SECRETA TALLANA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Jeffrey "Jack	r" Gordon, Maney &	Gordon, P.A.	-9 ARN NSSI	j	
		Name	_	EFO P	(5	
			nnedy Blvd., Suite 3170) PS ES	j j Luistining	
	Florida stree	et address (P.O. Box l	NOT acceptable)	R -9 PH 12: 32		
	Tampa,	FL 3360	2	>~		
		City, State and Zip				
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement.	change or change of the registered creby confirme mited liability	ges are made, the Flor agent will be identiced that the change(s) vectors	rida street address of the al. Or, in the case of a swas/were authorized by	e registered offi Florida limited an affirmative v	ote/	
Signature of a member or author	rized representative	of a member)				
Troy Powell						
(Printed or typed name of signee)					
I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Second)	nintrent as reg ns of all statute adjacaept the o this document that the limite	istered agent and agr s relative to the prop bligations of my posii is being filed to mere ed liability company h	ree to act in this capacit er and complete perfor tion as registered agent ly reflect a change in th as been notified in writ	y. I further agr mance of my du as provided for the registered off ting of this chan	ee to ties, r in ice ige.	
()	/ on of Corpora	tions, P.O. Box 6327	7, Tallahassee, FL 323	314		

FILING FEE: \$25.00

INHS18 (8/05)