## L05000093579

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Special Instructions to Filing Officer:		
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C. LEWIS

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EXAMINER

## COVER LETTER &

TO: Registration Section Division of Corporations	
	C RESEARCH, LLC
Name of L	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Carole L. Cornelius Name of Person	······································
rance of t cross	
MMC RESEARCH, LLC	
Firm/Company	<del></del>
10101 Dr. Martin Luther King St. N	Suite 274
St. Petersburg, FL 33716 City/State and Zip Code	<del></del>
Carole.cornelius@verizon.ne E-mail address: (to be used for future annual report ne	et otification)
For further information concerning this matter	er, please call:
Carole Cornelius	at ( 727 ) 556-2617
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the followin	g amount:
<b>√</b> \$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:	MMC RESEARCH, LLC		
2. (a) Principal office address of limited liability company	y: 10101 Dr. Martin Luther King St. N.		
(Note: MUST BE STREET ADDRESS)	Suite 274 St. Petersburg, FL 33716		
(b) Mailing address of limited liability company:	Same		
(Note: MAY BE POST OFFICE BOX)			
9/22/05	L05000093579		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	•		
Registered Agent:	G. Penfield Jennings		
Registered Office Address:	1960 Bayshore Blvd.		
	$\frac{\sigma_2}{\sigma_1}$		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:		
NEW Registered Agent:	J. Bradford Hines		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	100 Second Avenue South, Suite 301N St. Petersburg, FL 33701 ,FL,FL		
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			
Carole L. Cornelius  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 prand I am familiar with and accept the obligations of my portupite to 08, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compand.	ogree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in the registered office y has been notified in writing of this hange.		
Signature of Registered Agent	AF P		
Division of Corporations, P.O. Box 63 FILING FEE: \$	<u> </u>		

INHS18 (05/08)