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COVER LETTER

INHS18 (5/08)

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Mardi Investor	rents#2, L.L.C. f Limited Liability Company
Dear :	Sir or Madam:	
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please	e return all correspondence concernir	ng this matter to the following:
	Theresa M. Kenne	4, Esq.
<u></u>	uss, Kenney, Safer, Ha	mpton & Jos, P.A.
43	348 Southpoint Blv	a., Str. 101
<u>Ja</u>	Cksonville, FL 32 City/State and Zip Code	-216
<u>+k</u>	enney ax firm.com -mail address: (to be used for future annual repor	rt notification)
For fu	orther information concerning this ma	atter, please call:
The	evesa.M.Kenney, Esq.	at (904) 543-4300
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section Corporations	Registration Section Division of Corporations
	Clifton Building	P.O. Box 6327
	-2661 Executive Center Circle	Tallahassee, Florida 32314
	Tallahassee, Florida 32301 Enclosed is a check for the follow	ving amount:
	\$25 Filling 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.

agent, or both, in the State of Florida.	
1. Name of the limited liability company: Mardi	
2. (a) Principal office address of limited liability compar	y: Clo Asset Brokerage Services, Inc.
(Note: MUST BE STREET ADDRESS)	12510 SanJose Blvd. Jacksonville, FL 32223
(b) Mailing address of limited liability company:	Go Asset Brokerage Services, Inc.
(Note: MAY BE POST OFFICE BOX)	Jacksonville, Fr. 32223
09/22/2005	L050000 93727 克蒙
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Ford Bowlus Duss Morphat Et Al
Registered Office Address:	10110 San Jose Blvd. Jackson Ville, FL 32257
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Theresa M. Kenny Eg. Duss, Kenney Safer Hampton Loss 4348 Southpoint Blvd. Stc. 101
	Jacksonville', FL.32216
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.
THERESA MARIE KENNEY	
Printed or typed name of signee	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the property with the property with and accept the obligations of my property of the property of the property of the province o	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.
Signature of Registered Agent Division of Corporations, P.O. Box 6.	327. Tallahassee. FL 32314
	,

FILING FEE: \$25.00

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