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SECRETARY OF STATE FALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ATA MARKET Name of Limited I		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for f	īling.
Please return all correspondence concerning this mat	ter to the following:	
ANTHONY G. CAPEHART TR	₹	
ATA MARKETING LLC Firm/Company		2010 MAY 19 3ECRETAR
ZI N.E. 86th ST. Address	· .	THE R
MIAMI FL 33138 City/State and Zip Code	<u> </u>	3: 12 STATE LORIDA
E-mail address: (to be used for future annual seport notification)	on	
For further information concerning this matter, please	e call:	
ANTHONY G. CAPEHART, JR. at (5	Area Code & Daytime Telephone Num	ber
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 following amou	nt:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	V

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.

MARKETING LLC
ZINGE SELLE ST.
HEAME FL 33138
21 N.E. 81th ST.
MIAMI FL 33138
L 06000025091
ne records of the Florida Dept. of State:
ANTHONY G. CAPEHART JR
20295 TERRA DELSOLGT BOLA RATION, FL 33498
Registered Office address: ANTHONY G. CAPEHART JR.
21 N.E. 864 St.
tws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited
was/were authorized by an affirmative rote vise provided in the articles of organization
vise provided in the articles of organization

FILING FEE: \$25.00

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: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 0600002509 Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: TIERRA Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 epresentative of a member Printed or typed name of signed

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if his document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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