## 10000040570

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## **COVER LETTER**

FO: Registration Division of	Section Corporations				
вивјест: <u>Ray</u>	dal Marketing, LI (Name	LC of Limited Liabil	ity Company)		
Dear Sir or Madam	iz .				
The enclosed Regis	stered Agent/Register	ed Office Change	and fee(s) are submitte	ed for filing.	
Please return all co	rrespondence concerr	ning this matter to	the following:		
Sarah Gibson					
	(Name of Person)		_		
Incorp Service	e inc				
INCOID OCIVICE	(Firm/Company)				
3155 E. Patric	k Lane, Ste.1				
	(Address)		_		0
Las Vegas,	NV	89120		SECA	7 JU
	(City/State and Zip Code)		_	HASS	L-9 計
For further informa	ation concerning this	matter, please cal	<b>l</b> :	SEE. FLOOR	刊ED -9 AM III: 56
Sarah Gibson		ու (702	866-2500		N N
(No	me of Person)		(Area Code & Daytime	e Telephone Number)	
Registration Division of Clifton Buil 2661 Execut	Corporations	Rep Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314		
Enclosed i	s a check for the foll	lowing amount:	•		
<b>✓\$2</b> 5 Fili	ng Fee	<b>□</b> s	55 Filing Fee & Certiff	ed Copy	

INHS18 (8/05)

## STATEMENT QF 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 limite	d liability company is:	Raydal Marketi	ng, LLC	•
2. The mailing address of	f the limited liability c	ompany is :		
25309 PADRE LANE P	UNTA GORDA FL 3	3983 US		
05/04/2006		ΙO	6000046570	
3. Date of filing/registration in Florida  4. Document number				er
5. The name of the registe Florida Department of	ered agent and the regi	stered office addi N SERVICE C Name	ress as shown on	
6. The name and address	TALLAHASSEE F	Address FL 32301 US , State and Zip	e:	HILED  07 JUL -9 AM II: 56  SECRETARY OF STATE FALLAHASSEE, FLORIDA
	Incorp Services,	inc		-9 A)
	incorp oci vices,	Name	<del></del>	E. FLORID
	17888 67th Court			RID.
	Florida street addres	ss (P.O. Box <b>NO</b>	Tacceptable)	<b>1</b> 01
	Loxahatchee,	FL 3470		
	City,	State and Zip		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement of the limited limits of the member of authors.	hange or changes are in the registered agent wereby confirmed that the inited liability companient of the limited liability.	made, the Florida vill be identical. ie change(s) was/ y or as otherwise ty company.	street address of Or, in the case of were authorized	the registered office f a Florida limited by an affirmative vote
Ray L. Edwards		····		
Printed or typed name of signee  I hereby accept the appo- comply with the provision and I am familiar with ap Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	•	ugent and agree to the following the proper a sof my position in filed to merely raily company has to the company has to the following the fol	o act in this cape and complete per as registered ag effect a change in been notified in s	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.

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