## L06000111674

(Requestor's N	lame)
(Address)	
(Address)	
(City/State/Zip/	/Phone #)
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07 JUL 25 AM 10: 13
SECRETARY OF STATE
FALLAHASSEE, FLORID

## COVER LETTER ,

TO: Registration Section Division of Corporations			
SUBJECT: Mark-It Value Solutions			
(Name of L	imited Liabilit	y Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	office Change a	and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the	he following:	
George J. Lane		_	
(Name of Person)			
Mark-It Value Solutions	•		
(Firm/Company)	<del></del>	-	
(***)			
3725 Southwest 3rd Terrace			
(Address)		-	
Cape Coral, FI 33991		_	
(City/State and Zip Code)			
For further information concerning this matter	er, please call:		
Coore I I and	. 000	\ 839-6601	
George J. Lane (Name of Person)	at (239	Area Code & Daytime Telephone Number)	
(Ivalite of Terson)	(2	Area code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAI	LINC ADDRESS.	
Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Talla	hassee, Florida 32314	
Enclosed is a check for the following	ıg 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.

,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3			
1. The name of the limit	ed liability company	y is: Mark-l	Value Solutions , LLC	
2. The mailing address of	of the limited liabilit	ty company	is: 3725 Southwest 3rd	Terrace
Cape Coral, Florida 33991				
11/17/2006			L06000111674	
3. Date of filing/registration in Florida		4. Document number		
5. The name of the regist Florida Department of	tered agent and the	registered o		
-	Corporation Ser	rvice Com	pany	
		Name		
	1201 Hays Stree			1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5
Address				FCF J
Tallahassee, Fl 32301 全部 日本				
	(	Jily, State a	na Zip	15S
6. The name and address	of the new register	red agent an	d/or office:	FILED  JUL 25 AM IO: 13  CRETARY OF STATE LLAHASSEE, FLORID
	George J. Lane			100 <b>5</b>
Name 3725 SW 3rd Terrace		RIDA RIDA		
			Box NOT acceptable)	
	ronda bileet aa	<b>u. 0</b> 55 (1 . 0 .	Box No I acceptable)	
	Cape Coral	FL	33991	·
	Ci	ity, State an	d Zip	
If the limited liability co confirmed that after the cand the business office of liability company, it is hof the members of the lift or the operating agreement (Signature of a member or auth	mited liability compent of the limited lia	at the chang pany or as c bility comp	he laws of the State of Fe Florida street address lentical. Or, in the case e(s) was/were authorized therwise provided in the any.	lorida, it is hereby of the registered office of a Florida limited d by an affirmative vote articles of organization
George J. Lane				
(Printed or typed name of signed	e)			
I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Ox, if address, I hereby confin	ointment as register ons of all statutes re nd accept the oblige this document is be n that the limited lie	red agent ar lative to the ations of my eing filed to ability comp	nd agree to act in this ca proper and complete pe position as registered a merely reflect a change pany has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office a writing of this change.

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

(Signature of Registered Agent)