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COVER LETTER

Division of Corporations Mmo LEGAL SERVICES, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CHARLES R. MORGENSTEIN Name of Person Mmo LEGAL SERVICES, LLC Firm/Company 700 NE HARBOUR TERRACE, SUITE 329 Address BOCA RATON, FL 33431 City/State and Zip Code CHARLIE@MMOLEGAL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHARLES R. MORGENSTEIN 654-9610 561 Area Code & Daytime Telephone Number Name of Person **Street Address:** Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

TO:

Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

l. Na	me of the limited liability company: Mmo LEGAL SER	RVICES	, LCC	
2. (a)	700 NE HARBOUR TERRACE, SUITE 329	(700 NE H.	ARBOUR TERRACE, SUITE 329
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BOCA RATON, FLORIDA 33431	_	BOCA RATON, FL 33431	
	02/08/2007	_	L070000146	325
3. 5. (a) (b)	Date of filing/registration in Florida CHARLES R. MORGENSTEIN	4.		Document number
	Registered Agent and Registered Office shown on the records of t 8000 NORTH FEDERAL HIGHWAY	he Florio	la Dept. of State	- e:
	Registered Office Address (MUST BE FLORIDA STREET A	24		
	BOCA RATON, FL	33487		
	CHARLES R. MORGENSTEIN			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			5: 51
	700 NE HARBOUR TERRACE			_
	NEW Registered Office Address: SUITE 329			_
	BOCA RATON , FL	33431		_
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law of a member or authorized representative of a member of all statutes relative to the proper and complete proper in the registered agent as provided by reflect a change in the registered office address. I have to of Registered Agent	register bility of the linited CIII	red office and company, it is mited liability com ARLES R. M	d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany. IORGENSTEIN Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accent

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