L07000020113

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
·					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status <u>/ 22 v</u>					
Special Instructions to Filing Officer:					
,					
·					

Office Use Only



000162622550

11/23/03--01031--021 **25.00



S. HAWKES
NOV 2 4 2009
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUB.			Associates, LLC	
	Name o	f Limite	d Liability Company	
Dear	Sir or Madam:			
The e	enclosed Registered Agent/Registered	l Office	Change and fee(s) are submitted	d for filing.
Pleas	e return all correspondence concernir	ng this m	natter to the following:	
	Vickie Perron			
	Name of Person		·	
	Market Associates, LLC	;		
	Firm/Company			
	1838 Polk Way			
	Address			
	Stockton, CA 95207			
	City/State and Zip Code		***************************************	
I	operations@market-associate	3S.COM t notification	on)	
For fi	urther information concerning this ma	atter, ple	ase call:	
	Vickie Perron	at (408) 907-27	71
	Name of Person		Area Code & Daytime Telephor	ne Number
	STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section		
	Division of Corporations		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 following amount:				

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

tiability company submits the following statement in ora agent, or both, in the State of Florida.				
1. Name of the limited liability company:	Market Associates, LLC			
2. (a) Principal office address of limited liability company:				
(Note: MUST BE STREET ADDRESS)	4000 Pimlico Drive Suite 114-170			
(b) Mailing address of limited liability company:	Pleasanton, CA 94588-3474			
(Note: MAY BE POST OFFICE BOX)	4000 Pimlico Drive Suite 114-170			
Nov. 18, 2009	L0700020113			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	Vickie Perron			
Registered Office Address:	825 Buckeye Lane West Jacksonville, FL 32259			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	Eunice Gallets			
NEW Registered Office Address:	2825 SW 22nd Ave. Ste. 105			
(MUST BE FLORIDA STREET ADDRESS)				
	Delray Beach FL ,FL 33445			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	Florida street address of the registered office tical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote twise provided in the articles of organization			
Signature of a member or authorized representative of a member				
Vickie Perron Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Ok, if this document is being filed to me address, I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, estion as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.			
Signature of Registered Agen				

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