1200058184

(Requestor's Name)
(Address)
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EXAMINER



200160840792

09/21/09--01044--001 **25.00

SECRETARY OF STATE OF CORPORATION

${\bf COVER}\,{\bf LETTER}$

Division of	Corporations	
SUBJECT:	Mark	c Pifer Enterprises, LLC
	(Name	of Limited Liability Company)
Dear Sir or Madam	:	
The enclosed Regis	stered Agent/Registered (Office Change and fee(s) are submitted for filing.
Please return all co	rrespondence concerning	g this matter to the following:
	To a Talan	
	Tom Tyler (Name of Person)	
-	Thomas C. Tyler, Jr., P.A.	
	(Firm/Company)	
735 E	East Venice Avenue, Suite	200
	(Address)	
	Venice, Florida 34285 (City/State and Zip Code)	
	(City/State and Zip Code)	
For further informa	ation concerning this mat	ter, please call:
<u> </u>	Tom Tyler	at (<u>941</u>) <u>488-4422</u>
(Nar	me of Person)	(Area Code & Daytime Telephone Number)
STREET/C	OURIER ADDRESS:	MAILING ADDRESS:
Registration		Registration Section
Division of C	Corporations	Division of Corporations
Clifton Build	~	P.O. Box 6327
	ive Center Circle Florida 32301	Tallahassee, Florida 32314
Enclosed is	a check for the followi	ng amount:
✓ \$25 Filin	ig Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

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:	Mark Pifer Enterprises, LLC	•	
2.	(a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	npany: 2357 South Tamiami Trail 3 PMB 133 Venice, Florida 34293	6 0	
	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	same as above	•	
	6-4-2007	L07000058184		
3.	Date of filing/registration in Florida	4. Document number	**	
5.	(a) Registered Agent and Registered Office show	- d m		
	Registered Agent:	Thomas C. Tyler, Jr., P.A.		
	Registered Office Address:	981 Ridgewood Avenue, Suite 104 P	a	
		VOINGS, 1101104 G 1220		
		S S		
	(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:		
	NEW Registered Agent:	Thomas C. Tyler, Jr., P.A.	•	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		735 East Venice Avenue, Suite 200		
	MOST BE PLORIDA STREET ADDRESS	Venice,FL_34285		
tha of he lia lin	at after the change or changes are made, the Florida fice of the registered agent will be identical. Or, in	r the laws of the State of Florida, it is hereby confirmed street address of the registered office and the business the case of a Florida limited liability company, it is ized by an affirmative vote of the members of the limited cles of organization or the operating agreement of the		
ν-	Mark Pifer, Manager rinted or typed name of signee)			
	hereby accept the appointment as registered agent mply with the provisions of all statutes relative to the familiar with and accept the obligations of my poss. Or, if this document is being filed to merely reflect that the limited liability company has been not improve of Registered Agent).	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, and sition as registered agent as provided for in Chapter 60 ect a change in the registered office address, I hereby otified in writing of this change.	I 98,	

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