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SECRETARY OF STATE
ALLAHASSEF FLORIE

A. LUNT
FEB 1 1 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	1 LLC f 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	ng this matter to the following:
Lonny TACKSON (Name of Person)	7000 SECL
(Firm/Company) 8 765 HIDE AWAY (Address)	TILED 2008 FEB -8 P 3: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA ANBOR
WAPIES FC . (City/State and Zip Code)	
For further information concerning this made and the second secon	at (at (
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ing amount:
\$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.

	1. The name of the limited liability company is:
	2. The mailing address of the limited liability company is:
MAGE	8765 HIDEAWAY HARBOR CT NAPICS FL 34120
HAY	DEC 6 2007 1.07000 122324
10	3. Date of filing/registration in Florida 4. Document number
	5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Longy JACKSON Name 8765 HINEAWAY HARBOR CT Address NAPICS FL 34120 City, State and Zip
	6. The name and address of the new registered agent and/or office: ADDRESS
	MAPIES FL 34120 City, State and Zip
:	If the limited liability company is not organized under the laws of the State of Florida it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Horida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member of authorized representative of a member) Lorry TACKSM (Printed or typed name of signee)
	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F,S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

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

(Signature of Registered Agent)