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J. SAUI SREPOV EXAMINER

NOV 4 2010

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Marie of Limite	ed Liability Company	jest,	UC
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submit	tted for filing.	
Please return all correspondence concerning this r	natter to the following:		
Pizabesh Eisenna Name of Person Marchiel Holdings - Firm/Company			
Firm/Company 1915 24M Ave E Address	_	20101 SECI	
Address Pame Ho F 34 City/State and Zip Code	•	NOV -3 PM 1:33 RETARY OF STATE WHASSEE, FLORIDA	FILED
<u>Leisernandemas-mas-mail address: (to be used for future annual report notificat</u>	SS. Cum	De S	
For further information concerning this matter, ple	ease call:		
Elizabath Eisennyan at (941) 721-18 Area Code & Daytime Telep	SOO phone Number	
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	k	
Enclosed is a check for the following am	ount:		
\$25 Filing Fee	\$55 Filing Fee & Certif	ned 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. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 Florida 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 exganization or the operating agreement of the limited liability company. a member of authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this captive. It is the 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. Thereby confirm that the limited liability company has been notified in writing of this change. Icharther agree to

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

Signature of Registered Agent