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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MJ's Computer Repair	LLC Name of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/R	gistered Office Change and fee(s) are submitted for filing.
Please return all correspondence of	oncerning this matter to the following:
Mark J. Kaska	7
(Name of Perso	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	HAY AXY
(Firm/Compan	TARY ASSEE
	TOP D
6000 Oakbend Street, #7111	STA THE
(Address)	TE Sb
Orlando, FL 32835	9.13
(City/State and Zip	Jode)
For further information concernin	this matter, please call:
Mark J. Kaska	at (407) 731-0398
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADD	ESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	
Tallahassee, Florida 32301	
Enclosed is a check for the	e following 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. Name of the limited liability company:MJ's Compute	er Repair, LLC		
2. (a) Principal office address of limited liability company	6000 Oakbend Street		
(Note: MUST BE STREET ADDRESS)	#7111 Orlando, FL 32835		
(b) Mailing address of limited liability company:	MJ's Computer Repair, LLC		
(Note: MAY BE POST OFFICE BOX)	6000 Oakbend Street, #7111 Orlando, FL 32835		
May 6, 2008	L08000045492		
3. Date of filing/registration in Florida	4. Document number &		
5. (a) Registered Agent and Registered Office shown on the records of the Figure Dept. of State:			
Registered Agent:	The Law offices of McCSpratdin, PULC		
Registered Office Address:	12000 North Dale Mabry HW. Suite 110 Tampa, FL 33618		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: Mark J. Kaska			
NEW Registered Office Address:	6000 Oakbend Street		
(MUST BE FLORIDA STREET ADDRESS)	#7111		
	<u>Orlando</u> , FL_32835		
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 organization or the operating agreement of the limited liability company. (Signature of a member or additirized representative of a member)			
Mark J. Kaska			
(Printed or typed name of signce)	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the proving I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to met address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office 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)