L08000053493

| (Re | equestor's Name) | |
|---------------------------|-------------------|------------------|
| 3854 Welley | Nother | Le Way 33,449 |
| (City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | те) |
| : · · (Do | cument Number) | : 1 |
| Certified Copies <u> </u> | _ Certificates | s of Status . |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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C. LEWIS

JUL 2 2 2009

EXAMINER

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: | Math, LLC |
|--|--|
| 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | 3854 Netherlee Way Wellington, F1. 33449 561-967-6838 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 3854 Netherlee Way Wellington F1. 33449 561-968-0838 |
| 5-29-08 | 6800005 3493 |
| 3. Date of filing/registration in Florida | Document number |
| 5. (a) Registered Agent and Registered Office shown on the | ne records of the Florida Dept. of State: |
| <u> </u> | orporal Creations Inc |
| Registered Office Address: | In Brack Garbins F/ 33410 Sb1-694-8107 |
| (b) Enter name of NEW Registered Agent and/or NEW | Registered Office address: |
| NEW Registered Agent: | Leslie W. Siegel |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 3854 Netherlee Way Wellington,FL 33449 |
| If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. | address of the registered office and the business se of a Florida limited liability company, it is |
| Leslie W Diggel | 2 1- 22 |
| (Signature of a member or authorized representative of a member) | CK# 1022 |
| (Printed or typed name of signee) - | |
| I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a co confirm that the limited liability company has been notified | |
| (Signature of Registered Agent) Division of Corporations, P.O. Box | 5327. Tallahassee, FL 32314 $\mathcal{C}_{\infty}^{\Sigma}$ |
| FILING FEE: | |
| INHS18 (05/08) | PAR PLOS |