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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: G. L. Mack, J. | L C d Liability Company |
| Dear Sir or Madam: | d Elability Company |
| Dear Sit of Wadam. | |
| The enclosed Registered Agent/Registered Office | Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this n | natter to the following: |
| Lois J. Garza Name of Person | |
| Firm/Company | |
| Palm City FL 34 | 190-2667 |
| E-mail address: (to be used for future annual report notification | cast net |
| For further information concerning this matter, ple | ease call: |
| | 561, 307-9460 |
| Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following am | ount: |
| \$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.

| agent, or both, in the State of Florida. | |
|--|---|
| 1. Name of the limited liability company: | Mack, LLC |
| 2. (a) Principal office address of limited liability compa | ny: G.L. Mack, LLC |
| (Note: MUST BE STREET ADDRESS) | 3502 SW Bobalink Way Palm City, FL 34990-2667 |
| (b) Mailing address of limited liability company: | |
| (Note: MAY BE POST OFFICE BOX) | S S T |
| April 8, 2010 | 10900000000000000000000000000000000000 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown o | n the records of the Florida De of State: |
| Registered Agent: | Lois J. Garza |
| Registered Office Address: | 11668 Hackberry St Palm Reach, Gardens, FL 33410 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> NEW Registered Agent: | EW Registered Office address: |
| 5 0 | 2502 CU D 11/15 1/2. |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 3502 Sw Robalink Way Folm City ,FL 34990-266 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company or as other than the change of the operating agreement of the limited liability company or as other than the change of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the limited liability company or the operating agreement of the limited liability or the limited liability company or the limited liability or the limited liabil | Florida street address of the registered office entical. Or, in the case of a Florida limited |
| Signature of a member or authorized representative of a member | |
| Printed or typed name of signee | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to haddress, I hereby confirm that the limited liability compand | l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change. |
| Fail 1 Mure | |

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

Signature of Registered Agent