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المنابعة الم

(Requestor's Name)	
(Address)	300183976273
95.10 Corscrew Palms Crt Estero, F1 33928	# Cl
(Business Entity Name)	. 08/04/1001011011 **25.00
(Document Number)	7
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Office Use Only

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. liability company submits the following statement in ord agent, or both, in the State of Florida.	ler to change its registered office or registered
1. Name of the limited liability company:	cutive Markeling System
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	9510 Corksciew Palms Cr #
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	9510 Corpore Stalies Cr744 Catero FI 3390 Es E
3Date of filing/registration in Florida	LOGOOOO FARE TO THE TOTAL PROPERTY OF THE PROP
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. Figure 5.	
Registered Agent:	Vincent Napole # 3
Registered Office Address:	9510 Corkscrew Palmscr#4
•	Estero F1 33928
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
NEW Registered Agent:	Vincent Mansolillo
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9510 Corhscrew Palms Cr #4 Estero FL33928
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 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 p Chapter 608 F.S. Or, if this document is being filed to maddress. Thereby confirm that the limited liability company	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.
Signature of Regis tered Agent	

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