# Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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### REGISTERED AGENT CHANGE

**VOLEY MARTIN SERVICES, LLC** 

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April 6, 2009

#### H09000080664

Florida Department of State Division of Corporations The Capitol P.O. Box 6327 Tallahassee, Florida 32399-0250

RE: Statement of Change of Registered Agent for Voley Martin Services, LLC

#### Ladies and Gentlemen:

With reference to the above company, enclosed please find Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for filing. Kindly fax to the undersigned proof of filing same. Thank you.

Very trially yours,

Karen L. McChee, CP, FRP

Certified Paralegal

/klm Enclosure

H09000080664

McCARTHY SUMMERS

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 co.	mpany: <u>VOLEY MA</u>	RTIN SERVICES, LLC	
2. (a) Principal office address of l (Note: MUST BE STREE	limited liability company ET ADDRESS	5228 SW ANHINGA AVENUE PALM CITY, FL 34990	O9 APR
(b) Mailing address of limited (Note: MAY BE POST O	liability company: FFICE BOX	9228 SW ANHINGA AVENUE PALM CITY, FL 34990	TARYIOT HASSEE
January 30, 2009		L09000010412	STATE FLORIG
3. Date of filing/registration in Flo	orida	. Document number	- Pm 0
<ol> <li>(a) Registered Agent and Registered Agent:</li> <li>Registered Office Address:</li> </ol>		he records of the Florida Dept. of Sta <u>Kenneth A. Norman</u> 2400 SE Federal Highway, Fourth Floring	•
Registered Office Address.	•	Stuart, FL 34984	<u></u>
<u>NEW</u> Registered Agent: <u>NEW</u> Registered Office A  (MUST BE FLORIDA ST	ddress: TREET ADDRESS)	FRANKIE TAYLOR  5228 SW ANHINGA AVENUE PALM CITY, FL 34990 FL	
If the limited liability company is that after the change or changes ar office of the registered agent will hereby confirmed that the change liability company or as otherwise limited liability company.  (Signature of a member of authorized teprese Voley Martin  (Printed or typed name of signes)	oe (destical. Or, in the ci (s) was/were authorized b provided in the articles of	aws of the State of Florida, it is heret t address of the registered office and one are of a Florida limited liability comp y an affirmative vote of the members forganization or the operating agreen	ry confirmed the business vany, it is of the limited nent of the
I hereby accept the appointment comply with the provisions of all am familiar with and accept the of F.S. Or, if this document is being confirm that the limited liability of the liability of t	Taylor	gree to get in this capacity. I further oper and complete performance of my as registered agent as provided for whange in the registered office address in writing of this change.  6327. Talluhassee, FL, 32314	agree to duties, and I n Chapter 608, s, I hereby

FILING FEE: \$25.00

INHS18 (05/08)

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