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**EXAMINER** 



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05/28/10--01013--006 \*\*25.00



## **COVER LETTER**

Division of Corporations	s
SUBJECT:	Mid Level Marketing
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/	Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence	e concerning this matter to the following:
Frank J Mo	
Name of Per	son
Mid Level M	
17884 Arbor Green	e Drive, Suite 2
Tampa, Flori City/State and Zi	
frank@midlevelm E-mail address: (to be used for futur	narketing.com e annual report notification)
For further information concern	ing this matter, please call:
Frank J McCarthy	at ( 813 ) 951-5500
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Cle Tallahassee, Florida 32314
Enclosed is a check for	the 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.

Name of the limited liability company:	Mid Level Marketing		
(a) Principal office address of limited liability compan	·	ene [	Orive
(Note: MUST BE STREET ADDRESS)	Tampa, FL 33647		
_(b) Mailing address of limited liability company:	17884 Arbor Greene	Drive	)
(Note: MAY BE POST OFFICE BOX)	Tampa, FL 33647		
06/01/2009	L09000052511		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept.	of Sta	te:
Registered Agent:	United States Corporation Agents		
Registered Office Address:	13302 Winding Oaks Blvd. Suite A-100	<b>3</b>	NS.
	Tampa, FL 33613	MAY	27
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	Y 28	
NEW Registered Agent:	Frank J McCarthy	70	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17884 Arbor Greene Drive Tampa, FL 33647	- <del>2</del>	
MOST BET ECHIDA STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,	FL	- 1
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member	Florida street address of the regist tical. Or, in the case of a Florida by was/were authorized by an affirm	tered o Llimite rmativ	office ed /e vote
Frank J McCarthy Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	igree to act in this capacity. I furoper and complete performance osition as registered agent as procrety reflect a change in the registy has been notified in writing of	rther of my vided stered this cl	agree to duties, for in office hange.
Signature of Registered Agent			

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