

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT N	1AIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status	·				
Consideration As Elling Officer					
Special Instructions to Filing Officer:					

G. MCLEODIY

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EXAMINER



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10 JUN 24 PM 2: 24
SECRETARY OF STATE
TALLAHASSEF, FIRBIN

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ			o Markers, LLC
	Name o	Limited	Liability Company
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered	Office (Change and fee(s) are submitted for filing.
Please	e return all correspondence concernir	ng this m	atter to the following:
	Mark D Yohe		
	Name of Person		
	M.Y. Future, Inc.	-	
	Firm/Company		
	PO Box 244254 Address	•	
	Addiess		
	Boynton Beach, FL 33424-	4254	
	City/State and Zip Code		······································
E	myfaccounting@comcastmail address: (to be used for future annual repor	net t notificatio	n)
For fu	orther information concerning this ma	itter, plea	se call:
	Mark D Yohe	at (561) 738-2695
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:		MAILING ADDRESS:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	Clifton Building		P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314
	Enclosed is a check for the follow	ing amo	unt:
	\$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.

1. Name of the limited liability company:	Snap Cap Markers, LLC			
2. (a) Principal office address of limited liability company	y: 6845 Finamore Cir			
(Note: MUST BE STREET ADDRESS)				
	Lake Worth, FL 33467			
(b) Mailing address of limited liability company:	6845 Finamore Cir			
(Note: MAY BE POST OFFICE BOX)				
\	Lake Worth, FL 33467			
07/09/2009	L09000066476			
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 State:			
Registered Agent:	Hurst, Ronald A			
Registered Office Address:	% Hurst Law Group, PL			
	5204 10th Ave North			
	Greenacres FL 33463 U\$≥ ==			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
<u>NEW</u> Registered Agent:	M.Y. Future Inc			
NEW Registered Office Address:	680 W. Industrial Ave #4 50 N			
(MUST BE FLORIDA STREET ADDRESS)	Boynton Beach 5,FL 33426			
	DOVINOII DEACH STATE DE LE PO-120			
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 ident liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office			
Brian A Waite Printed or typed name of signee	<u></u>			
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 po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.			

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

Signature of Registered Agent