L100000024158

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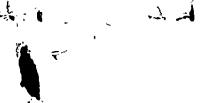
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SECRETARY OF STATE
AND ANSEE, FLORID

J. BRYAN

JAN 11 2011

EXAMINER



COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: MAUGER Investme Name of Limited I		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
BRIAN MAUGER Name of Person MAUGER INVESTMENTS	SECRETA SECRETA	
Firm/Company 120 PINE NEEDLE LANE Address	RY OF STATE SEE, FLORIDA	
ALTAMONTE SPRINGS, E 3. City/State and Zip Code	2714	
Manger 840 me., com E-mail address: (to be used for future annual report notification)	·	
For further information concerning this matter, please	e call:	
Brion at (4	739 - 9021 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount	nt:	

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.

3 , , , ,	
1. Name of the limited liability company:	MAUGER INVESTMENTS LLC
2. (a) Principal office address of limited liability con	npany: 120 Pine Needle Lone
(Note: MUST BE STREET ADDRESS)	Altamonte Springs, FL 32714
(b) Mailing address of limited liability company:	120 Pire Needle Lone
(Note: MAY BE POST OFFICE BOX)	Altononte Springs, FL 327
3/3/2010	L10000024158
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:
Registered Agent:	Mauger, Brian C
Registered Office Address:	237 S. Westmonte Dr Stelll Altomontespoings 32714
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	120 Pine Needle Lone Altomonte Springs
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company with or typed name of signee I hereby accept the appointment as registered agent of and I am familiar with and accept the obligations of all statutes relative to the Chapter 608, F.S. Or, if this document is being filed the address, I hereby confirm that the limited liability confirmed that	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization npany.
Signature of Registered Agent	

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