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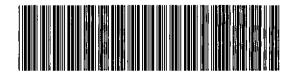
(Re	questor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

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G. MCLEOD

AUG 23 2010

EXAMINER



800184199708

800184199708 08/18/10--01013--028 **25.00



COVER LETTER

Division of Corpora	ations				
SUBJECT:	Sloane Ma	cken	zie Pı	ublic A	ffairs, LLC
	Name of I	imited	l Liabil	ity Com	pany
Dear Sir or Madam:					
The enclosed Registered A	gent/Registered C	Office (Change	and fee(s) are submitted for filing.
Please return all correspond	dence concerning	this m	atter to	the follo	wing:
	E Buckley	4.		_	
Name	of Person				
Sloane Mackenz	ie Publuc Affairs Company	LLC		_	
	ding Oak Trail Iress			_	
	en, Florida 3478 and Zip Code	7			
tbuckley@sloa E-mail address: (to be used for	anemackenzie.c	om otificatio	n)	_	
For further information con	cerning this matte	er, plea	se call:	:	
Mary E. Buc	kley	_ at (407)	538-9741
Name of Person				Area Code	& Daytime Telephone Number
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, Florida 3	ons r Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
\$25 Filing Fee			\$5	5 Filing	Fee & Certified Copy

TO: Registration Section

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:	Sloane Mackenzie Public Affairs, LLC
2. (a) Principal office address of limited liability	company:
(Note: MUST BE STREET ADDRESS)	874 Bending Oak Trail Winter Garden, FL 34787
(b) Mailing address of limited liability compa	ny:
(Note: MAY BE POST OFFICE BOX)	874 Bending Oak Trail Winter Garden, FL 34787
04/28/2010	L10000045220
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office s	hown on the records of the Florida Dept. of State:
Registered Agent:	Mary E Buckley
Registered Office Address:	5036 Damson Court Orlando, FL 32821
(b) Enter name of <u>NEW Registered Agent</u> an <u>NEW</u> Registered Agent:	nd/or NEW Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	874 Bending Oak Trail
	Winter Garden ,FL34787
and the business office of the registered agent will liability company, it is hereby confirmed that the	Ide, the Florida street address of the registered office I be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote r as otherwise provided in the articles of organization
Timothy P Buckley	
Printed or typed name of signee I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being finadress, I hereby confirm that the limited liability Signature of Registered Agent	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.

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