L10000045220

(Re	equestor's Name)				
(Ac	idress)				
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PICK-UP	MAIT	MAIL			
(Bu	usiness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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SECRETARY OF STATE

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COVER LETTER

TO:	Registratic Section Division of Corporations		í
SUB.	Sloane Mackenzie Public A	ffairs, LLC	2
		Limited Lia	iability Company
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registered (Office Char	ange and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning	g this matter	er to the following:
Timo	othy P. Buckley		
	Name of Person		
Sloa	ne Mackenzie Public Affairs, LLC		
	Firm/Company		
1023	B E. Ridgewood Street		
	Address		
Orlai	ndo, FL 32803		
	City/State and Zip Code		
tbucl	kley@sloanemackenzie.com		
1	E-mail address: (to be used for future annual report	notification)	
For fi	urther information concerning this mat	ter, please o	call:
Tim I	Buckley	321 at (438-1888
	Name of Person	** \	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	ing amount	nt:
	■ \$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:	Sloane Macker	nzie Public Affairs, LLC		
2. (a) Principal office address of limited (Note: MUST BE STREET ADI	liability company:	1023 E Ridgewood Street Orlando, FL 32803	t 	
(b) Mailing address of limited liability (Note: MAY BE POST OFFICE		1023 E Ridgewood Street Orlando, FL 32803	t	
04/28/2010		L10000045220		
3. Date of filing/registration in Florida		. Document number		
5. (a) Registered Agent and Registered (Office shown on th	ne records of the Florida Dep	t. of Sta	ate:
Registered Agent:		Timothy P. Buckley		
Registered Office Address:		9840 Camberley Circ	2013	
		Orlando, FL 32836	SEP	
(b) Enter name of NEW Registered A NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET) If the limited liability company is not orgate confirmed that after the change or change and the business office of the registered as liability company, it is hereby confirmed the members of the limited liability company the operating agreement of the limited liability company.	ADDRESS) anized under the last are made, the Florent will be identicated.	Orlando Orlando	is herel	office
Signature of a member or authorized representative of a Timothy P. Buckley			C	
Printed or typed name of signee		•		
I hereby accept the appointment as regist comply with the provisions of all statutes and I am familiar with and accept the obl. Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limited Signature of Registered Agent			further ce of m provided gistered of this o	agree to y duties, d for in d office chänge.
Division/of Corporation	uus, r.v. dox osa	27, Tallahassee, FL 32314		

FILING FEE: \$25.00