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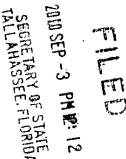
(Requestor's Name)		
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PICK-UP WAIT MAIL		
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(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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T. CLINE

SEP - 7 2010

EXAMINER

JD-51450

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Markarina Name of	Made 5' mple LLC 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 concernin	g this matter to the following:
Paul Jord	<u>a ~ </u>
Marketing Made ?	SECRETARY TALLAHASS
11705 Boyette	Road Suite # 20 Real I
R: Jeru'.ew, FL City/State and Zip Code	om 😽
in to 6 5 pa marke	tingms.com
For further information concerning this ma	tter, please call:
Paul Jordan Name of Person	at (800) 887-3097 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 follow	ing 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.

1. Name of the limited liability company: Mary	eting Made Simple LLC
2. (a) Principal office address of limited liability compan	y: 11705 Boyette Road
(Note: MUST BE STREET ADDRESS)	50'. te #201 R: Nerview, FL 33569
(b) Mailing address of limited liability company:	11705 Boyasta Road
(Note: MAY BE POST OFFICE BOX)	Suite # 201 Riverview, FL 33569
May 13, 2010 3. Date of filing/registration in Florida	<u>L000051950</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Paul C Follag
Registered Office Address:	P. Verview, 20 33669
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	0, 75 75
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11705 Boyerte Road 50:48 # 201 R:2001;ew ,FL 33569
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 other or the operating agreement of the limited liability company.	Florida street address of the registered office tical. Or, in the case of a Florida limited by an affirmative vote
Signature of a member or authorized representative of a member	-
Printed or typed name of signee	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my part Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree to roper and complete performance of my auties, osition as registered agent as provided for in erely reflect a change in the registered office by has 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