

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

Office Use Only

G. MCLEOD

MAR 1 9 2012

EXAMINER



600224873206

03/16/12--01006--027 **25.00

12 MAR 16 PM 3: 06

COVER LETTER

TO:	Registration Section Division of Corporations		
SUB	JECT:		marketing Ilc.
	Name o	f Limited	d Liability Company
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registered	Office (Change and fee(s) are submitted for filing.
Pleas	e return all correspondence concernir	ng this m	atter to the following:
	kenn haupert		
	Name of Person		
	mako marketing Ilc.		
	Firm/Company		
	4400 n federal hwy. ste. 1	10	
	Address		
	boca raton fl. 33431		
	City/State and Zip Code		
E	kennhaupert@gmail.cor -mail address: (to be used for future annual repor	n rt notificatio	on)
For fi	arther information concerning this ma	atter, ple	ase call:
		, r	
	kenn haupert	at (561) 305-4851
	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 32314
	Tallahassee, Florida 32301		•
	Enclosed is a check for the follow	ing ame	ount:
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy

TO:

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:	mako marketing Ilc.
2. (a) Principal office address of limited liability compan	y: 1515 s. federal hwy. ste 304
(Note: MUST BE STREET ADDRESS)	boca raton fl 33432
(b) Mailing address of limited liability company:	same
(Note: MAY BE POST OFFICE BOX)	
06/11/10	l10000062884
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:	kenn haupert
Registered Office Address:	1515 s federal hwy ste 30 boca raton fl 33432
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	M Registered Office address: n/a 4400 n. federal hwy ste 110 ω
(MUST BE FLORIDA STREET ADDRESS)	boca raton 5,Fla33431
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I 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. Signature of a member or authorized representative of a member	Florida street address of the registered office
kenn haupert	
Printed or typed name of signee	
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 pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compand	agree to act in this capacity. I further agree to oper and complete performance of my duties, 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.
Signature of Registered Agent	

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