

L10000121569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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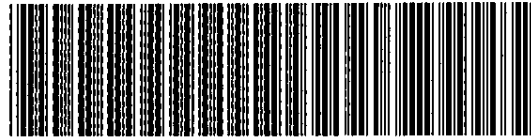
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC -6 AM 10:10

T. HAMPTON

DEC -7 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MD2K Enterprises, LLC
Name of 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 concerning this matter to the following:

Stephanie Jones
Name of Person

MD2K Enterprises, LLC d/b/a
Firm/Company Market Lead Solutions

15757 Pines Blvd Suite 222
Address

Pembroke Pines, FL 33027-1220
City/State and Zip Code

SLJE Marketleadsolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Jones at (800) 659-9034
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 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: MD2K Enterprises, LLC
2. (a) Principal office address of limited liability company: 15757 Pines Blvd
Suite 222
Pembroke Pines FL 33027-1220
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: Same as above
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 11/23/10
4. Document number: L10000121569
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Shelton, D.L.
Registered Office Address: 18520 NW 67th Ave
Suite 157
Miami FL 33015
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Jones, Stephanie A.
NEW Registered Office Address: 15757 Pines Blvd
(**MUST BE FLORIDA STREET ADDRESS**) Suite 222
Pembroke Pines, FL 33027-1220

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Stephanie Jones
Signature of a member or authorized representative of a member

Stephanie Jones
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Stephanie Jones
Signature of Registered Agent

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

Change address on file for all 3 Members