L1000123042

(Requestor's Name)			
(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:



Office Use Only
B. KOHR
MAY 8 0 2012
EXAMINER



400235561904

05/29/12--01034--025 **25.00

12 MAY 29 PM 3: 58

COVER LETTER 4

	Registration Section Division of Corporations	,		
SUBJE	CT: Mult: Marketing Name of Limited	Research Company Liability Company		
Dear Si	r or Madam:			
The enc	closed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please r	eturn all correspondence concerning this ma	atter to the following:		
	John R. Copelail J Name of Person	C. E. M. 2.9		
	Mult: Marketing Researce Firm/Company	L Company 3		
_175 Middle St. suite 101				
Lake Mary, F 1 32746 City/State and Zip Code				
rcopeland a multimarketing research, com E-nfail address: (to be used for future annual report notification)				
For furt	ther information concerning this matter, plea	ase call:		
	hn R. Copeland at (352) 682 - 4357 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:	Marketing Research Company
2. (a) Principal office address of limited liability compa	my: 175 Middle St. svite 101
(Note: MUST BE STREET ADDRESS)	Lake Mary, FL 32746
(b) Mailing address of limited liability company:	125 middle St. svite 101
(Note: MAY BE POST OFFICE BOX)	Lake Mary, FL 37746
11/30/2010	L10000123042
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	John R. Copelagel St.
Registered Office Address:	125 Mille St. 531e 107
·	(,
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	John R. Copeland Sr.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	125 Middle St. svite IOI
	Lake Mary ,FL 32746
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company.	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization
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 and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compo	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any 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