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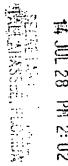
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AUG 0 7 2014

C. CARROTHE

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MADDEN MAR	SH MOSS LLC ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
GLATHA MADDE	N
MADDEN MARSH Firm/Company	E Moss
3105 SEA MARSI	1 RD
AMELIA ISLAND, City/State and Zip Code	FL 32034
glatha . madden@ a J-mail address: (to be used for future annual repor	mail com
For further information concerning this matter, please ca	all:
GLATMA MADDEN ALL	904 491-8406
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Taliahassee, Florida 32301	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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 Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) 3. Date of filing/registration in Florida Registered Agent and Registered Office shown on the records of the Florida Dept. of State. tered Office Address (MUST BE FLORIDA STREET ADDRESS) DDE Enter name of NEW Registered Agent and/or NEW Registered Office address. NEW Registered Office Address: 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 operating agreement of the limited liability company LRIM Printed or typed name of signee Thereby 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 605, 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

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