Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130000417563)))



H130000417583ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.

Account Number : 076424003301 : (813)223-7474 Phone

Fax Number : (813)227-0435 67-3478/0m0

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT CHANGE 5CK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K.SALY EXAMINER FEB 25 2013

## 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: 50K, LLC	<u> </u>	····
2. (a) Principal office address of limited liability company:	8374 Market Street, #103	W C
(Note: MUST BE STREET ADDRESS)	Bradenion, Florida 34202-5137	
		2
A. S. B. (11) 2. (11)	D074 84-4 Cha as #466	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8374 Market Street, #103 Brademon, Floride 34202-5137	The state of the s
(HOME: MAT BE TOUT OFFICE DOA)		
August 29, 2011	L11000098661 #L11000	098861
	Document number	
5. (a) Registered Agent and Registered Office shown on the		Dept. of State:
Registered Agent:	Rodger Dowdell, III	
Registered Office Address:	6730 Chancery Place	
	University Park, Florida, 54201	
		· · · · · · · · · · · · · · · · · · ·
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	TK Registered Agent, Inc.	<u>ess</u> :
NEW Registered Office Address:	101 E. Kennedy Boulevard	
(MUST BE FLORIDA STREET ADDRESS)	Suite 2700	
	Tampa	,FI_33602
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	orida street address of the	registered office
D. Michael O'Leary, Authorized Representative Printed or typed name of signee	-	
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity per and complete perforn ition as registered agent ely reflect a change in the has been notified in writi	). I further agree to nance of my duties, as provided for in e registered office ing of this change.

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

D. Michael C'Leary