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B. BOSTICK

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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	SUBJECT: The Markay Consulting Group, LLC Name of Limited Liability Company		
	• • •	or 	
Dear :	Sir or Madam:		
The e	nclosed Registered Agent/Regis	stered Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence cond	cerning this matter to the following:	
	Ryan Christopher R	<u>odems</u>	
	Name of Person		
	Barker, Rodems & Co	ok, P.A.	
	Firm/Company	<u> </u>	
	501 East Kennedy Bouleva		
	Address	02 PH 3: 3	
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	Tompo El 226	na 📆 - 🚟	
Tampa, FL 33602 City/State and Zip Code			
	Chyritate and Zip Code	### 37	
	d 6 b		
E	rodems@barkerrodemsal mail address: (to be used for future annua	al report notification)	
	rther information concerning th		
	Mark A. Alessandroni	at (<u>863</u>) <u>255-5856</u>	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRES	SS: 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 f	ollowing amount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHÂNGE 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:	The Markay Consulting Group II C
	0005.0
2. (a) Principal office address of limited liability co	ompany: 3385 Summerland Hills Loop
(Note: MUST BE STREET ADDRESS)	
· .	Lakeland, FL 33812-6363
(b) Mailing address of limited liability company	: 3385 Summerland Hills Loop
(Note: MAY BE POST OFFICE BOX)	Lakeland, FL 33812 <u>-6363</u>
November 16, 2011	L11000130393
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	Spiegel & Utrera, P.A.
Registered Office Address:	1840 Southwest 22nd Street, 4th Floor
	Miami, FL 33145
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW Registered Agent</u> :	or NEW Registered Office address: Ryan Christopher Rodems
NEW Registered Office Address:	501 East Kennedy Boulevard, Suite 790
MUST BE FLORIDA STREET ADDRESS	(S)
	Tampa ,FL 33602
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the chof the members of the limited liability company or the operating agreement of the limited liability contacts.	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited lange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
M. L. Sumile la	TALLU F
Signature of a member or authorized representative of a member	AH. AH.
Mark A. Alessandroni	CO 1 annual
Printed or typed name of signee	
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, Thereby confirm that the limited liability o	It and agree to act in this capacity. If further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in different to merely reflect a change in the registered office ompany has been notified in writing of this change.

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