12000054393

| (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: | | | | |
| A. LUNT | | | | |
| MAY 1 3 2011 | | | | |

EXAMINER

Office Use Only



800234979208

05/15/12--01001--019 **25.00

COVER LETTER

| TO: Registration Section Division of Corporation | s | | |
|--|-----------------------|---|--------------------|
| SUBJECT: | Mark s | d Liability Company. | LLC |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agenta | Registered Office | Change and fee(s) are subr | nitted for filing. |
| Please return all correspondence | e concerning this m | atter to the following: | |
| Firm/Compa 500 E B Address Ft. Laude City/State and Z | slowy-c | 3/val #17/0 FL 33394 | |
| For further information concern | ing this matter, plea | ase call: | |
| Mark low Name of Person | / at (| 77 J Area Code & Daytime Te | - 20 40 |
| STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, Florida 32301 | cle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 323 | : |
| Enclosed is a check for | the following amo | ount: | |
| \$25 Filing Fee | | □ \$55 Filing Fee & Cert | tified 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: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 4-23-12 112000054797 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET 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 or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee 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 fluties, 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. Signature of Registered Agent

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