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COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: BJ MARKEY AND ASSOCIATES LLC Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
BETTY J. MARKEY Name of Person D.T. MARKEY ACCOMMITTED 1 1-2								
BJ MARKEY AND ASSOCIATES LLC Firm/Company								
1235 LENOX DR Address								
BLOOM FIELD HILLS, MI 48304 City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
BETTY J. MARKEY at (248) 792-5977 Name of Person 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 \$\square\$ \$55 Filing Fee & Certified Copy								
INHS18 (2/14)								

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 Florida.

1. N	ame of the limited liability company: B.J. Markey ar	nd Asso	ociates LL	.C			
2. (a)	1235 Lenox Drive, Bloomfield Hills, MI 48304	(b)	1235 Lei	nox Drive, Blo	omfield	d Hill	s, MI 4830
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		_					
	October 8, 2012	L	1200012	8182			
3. 5. (a	Date of filing/registration in Florida Betty J.Markey	4.		Document numb	oer		
J. (u	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State:	:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7980 Mahogany Run #112				₩~1		
	Naples , FL	34113			M174	14 HA	' "
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				<u>.</u>	13 AH 9:4	Commence of the state of the st
	NEW Registered Office Address:				D .	क्र	
	7920 Mahogany Run #1013						
	Naples, FL	34113					
the chagent was/v	limited liability company is not organized under the laws ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the li	he regist pility cor the limi	ered office npany, it is ted liability	and the busines hereby confirm company or as	s office of that the	of the he cha	registered ange(s)
	3dty Tharkey	Bett	y J. Marke				
	ature of a member or authorized representative of a member			Printed or typed na	_		
provis the ob to me	eby accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	e to act : performa for in C preby co	in this capa nce of my d hapter 605, nfirm that t	icity. I further a luties, and I am F.S. Or, if this he limited liabil	igree to c familiar docume ity comp	compl with i nt is b any h	ly with the and accept being filed as been
Signat	ure of Repostered Agent						

j: