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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI		Name of Limited Liability Company			
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning	g this matter to the following:			
	Theresa N. Bensor Name of Person				
	LO WATERMARK OUTDOO Firm/Company	RS CIC			
	4840, Murray Lee LA	LnL	TACL SHARRED STORY	2013 114	,
	Orlands FL 3280. City/State and Zip Cod	6		<u>ي</u> اي	
	City/State and Zip Cod	le		>	; 1
r	eelflaadu@aol.com	n		<u>;;</u>	**
E	eelflaadu@aol. (3 mail address: (to be used for future	annual report notification)	-	ر. -	
For fur	ther information concerning this mat	iter, please call:			
\mathcal{T}^{1}	uresa N. Benson	at (407) 496-0410 Area Code & Daytime Telep			
	Name of Person	Area Code & Daytime Telep	hone N	lumber	Ē
	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 follow	ing amount:			
	\$25 Filing Fee	S55 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.

I. Na	ame of the limited liability company:	mark	Outdiers LCC
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)
	Orlande Fe 32806		Orlando Fr 32806
_	07/23/2014		L14000116029
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	US largeration Agents Inc.		
·	Registered Agent and Registered Office shown on the records of the	he Florida De	pt. of State:
	13302 Winding Oaks Court		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	Sute A		
		3361	2
(b)	Theresa N. Benson		2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Enter name of NEW Registered Agent and/or NEW Registered (Office addres	<u>s</u>
	4849 Murray Lee Cane		
	Y849 Murray Lee Cane NEW Registered Office Address:		
	Orlando ,FL	3280	6
the cha agent w was/we the arti-	mited liability company is not organized under the law nge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the laws of organization or the operating agreement of the laws of organization or the operating agreement of the laws of organization or the operating agreement of the laws of organization or the operating agreement of the laws of organization or the operating agreement of the laws of of the la	the register bility comp Ethe limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in allity company. ARK A BENSON
	ure of a member or authorized representative of a member		Printed or typed name of signee
I herek	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete to	e to act in	this capacity. I further agree to comply with the

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 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 notified in writing of this change.

Signature of Registered Agent