~ L99000000263

Mr. Neville Roy McKay 6445 Anthony Drive Hamilton, Ohio 45011

CR2E031(7/97)

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.		
(Corporation Name)	(Document #)	500005154355—6 -03/25/02-0077-006 *****25.00 ******25.00
(Corporation Name)	(Document #)	
3(Corporation Name)	(Document #)	02 MAR SECRET TALL AIN
(Corporation Name) Walk in Pick up time	(Document #)	ARY OF PEO
Mail out Will wait NEW FILINGS	Photocopy AMENDMENTS	Certificate of States 5.
Profit Not for Profit Limited Liability Domestication Other	Amendment	
OTHER FILINGS	REGISTRATION/Q	UALIFICATION (3
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnersh ☐ Reinstatement ☐ Trademark ☐ Other	aip QQ
		Examiner's Initials

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. The name of the limited liability o	mpany is: McKay Family L.L.C.
2. The mailing address of the limited 45011	iability company is: 6445 Anthony Drive, Hamilton, OH
12/28/98	L99000000263
3. Date of filing/registration in Florid	4. Document number
Florida Department of State:	d the registered office address as shown on the records of the
	Name
3850 T	crey Pines Way
	Address
Sarasot	<u> </u>
	City, State and Zip
6. The name and address of the new r	gistered agent and/or office:
Benjam	n R. Schulman
4330 SI	Name eridan Street, Suite 202B
Florida st	eet address (P.O. Box NOT acceptable)
Hollywo	<u>+ </u>
	City, State and Zip
confirmed that after the change or cha and the business office of the register liability company, it is hereby confirm	organized under the laws of the State of Florida, it is hereby greater and the Florida street address of the registered office dagent will be identical. Or, in the case of a Florida limited ed that the change(s) was/were authorized by an affigurative vote of mpany or as otherwise provided in the articles of organization or liability company.
(Signature of a member or authorized representation	e of a member)
Neville Roy McKay 4/	Roj McKay
(Printed or typed name of signee)	- KOT MCKOO
I hereby accept the appointment as recomply with the provisions of all state and I am familiar with and accept the Chapter 608, F.S. Or if this docume address, I hereby donfirm that the ling (Signature of Registered Agent) Benjaming R. Schulman	gistered agent and agree to act in this capacity. I further agree to tes relative to the proper and complete performance of my duties, obligations of my position as registered agent as provided for in t is being filed to merely reflect a change in the registered office ted liability company has been notified in writing of this change.

FILING FEE: \$25.00

INHS18(10/99)