Patipas II half & Richelland 1552 equilibrit National Avenue

Address

CR2E031(7/97)

Daytona Beach, FL 32118 City/State/Zip Phone #

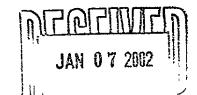
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Office Use Only

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

1. MRS ASSOCIATE	= 5,220	
(Corporation Name)	(Document #)	1 THE ST. 1 T.
2	(Document #) L99-7552	
(Corporation Name)	(Document #)	. 2
3		مسوت
(Corporation Name)	(Document #)	,
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(Corporation Name)	(Document #)	, .
☐ Walk in ☐ Pick up time	Certified Copy	VIS.
☐ Mail out ☐ Will wait		2 %
Will wait	Photocopy	
NEW FILINGS	<u>AMENDMENTS</u>	
Profit	Amendment	
Not for Profit	Resignation of R.A., Officer/Director	SKO
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal	
Other	Merger	- 2 -
OTHER FILINGS	REGISTRATION/QUALIFICATION	-
☐ Annual Report	Foreign	 -
Fictitious Name	Limited Partnership	
	Reinstatement	
	☐ Trademark☐ Other	
	- Onici	
	Examiner's Initials	
	Examiner's initials	





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 31, 2001

PAPPAS, TINSLEY & RUSSELL, PA 213 SILVER BEACH AVENUE DAYTONA BEACH, FL 32118

SUBJECT: MRS ASSOCIATES, LLC

Ref. Number: L99000007552

We have received your document for MRS ASSOCIATES, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

Enclosed is the proper form for this filing. The form you submitted refers to the ""Florida General Corporation Act," but the entity is not a corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 101A00067722

DIVISION OF CORPORATIONS

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	ne limited liability company	is: <u>MRS A</u>	SSOCIATES, LL	.c.
	dress of the limited liability			
DAYTONA	_ 12	32114		<u> </u>
11/08/99	egistration in Florida		<u>L9900007552</u> 4. Document number	
5. The name of the Florida Departn	e registered agent and the reparent of State:			cords of the
·	RALPH So	Name	Sr.	м-
	DAYTON A-Cit	Address BEACH y, State and Zip		DIVISION DE CE DIVISION 23
6. The name and ac	ddress of the new registered	agent and/or of	fice:	Region Series
	Florida street addre	Name BEAC	-	9: 36
and the business off liability company, if the members of the the operating agreer	ty company is not organized to the change or changes are in fice of the registered agent with is hereby confirmed that the limited liability company or ment of the limited liability or authorized representative of a ment	will be identical. will be identical. the change(s) was the as otherwise procompany.	of the State of Florida, it la street address of the reg Or, in the case of a Flor s/were authorized by an a rovided in the articles of o	is hereby gistered office ida limited ffirmative vote of organization or
(Printed or typed name of	ie Schwarz		and the second second	
I hereby accept the comply with the pro and I am familiar w Chapter 608, F.S. Caddress, Thereby go	appointment as registered a visions of all statutes relativ ith and accept the obligation or, if this document is being infirm that the limited liabili	igent and agree ve to the proper sof my position filed to merely i ty company has	to act in this capacity. I and complete performant n as registered agent as p reflect a change in the re been notified in writing (further agree to ce of my duties, provided for in gistered office of this change.
(Signature of Registered A			and the second of the second	17 . · · ·
∥ D	ivision of Corporations, P.	O. Box 6327, T	allahassee, FL 32314	
INHS18(10/99)	FILIN	NG FEE: \$25.00	0	