M04000002670

(Re	questor's Name)					
(Address)						
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PICK-UP	WAIT MAIL					
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(Document Number)						
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SERVICES	CO	CORPORATION NAME (S) AND DOCUMENT NUMBER (S):			
Three M Equities, LLC					
Filing Evidence ☑ Plain/Confirmation Cop	ру	Type of Document ☐ Certificate of Status			
□ Certified Copy		□ Certificate of Go	od Standing		
		□ Articles Only			
Retrieval Request Photocopy Certified Copy		☐ All Charter Docu Articles & Amer ☐ Fictitious Name	ments to Include adments Certificate Certificate Certificate Certificate Certificate Condition C		
			27 1		
NEW FILINGS		AMENDMENTS	1 5		
Profit		Amendment	D: 12		
Non Profit		Resignation of RA Officer/Director	JA		
Limited Liability	X	Change of Registered Agent			
Domestication		Dissolution/Withdrawal			
Other		Merger			
	r		1		
OTHER FILINGS		REGISTRATION/QUALIFICATION			
Annual Reports		Foreign			
Fictitious Name		Limited Liability			
Name Reservation		Reinstatement			
Reinstatement		Trademark			

Other

STATE STATE CHARGES		ABILITY CONTRA	
Property to the provisions of sect liability company submits the follo agent, or both, in the State of Florid	wing statement in o	ry 5, 8 pr. 17 m order to enange its regi	stercia ossec ar registeren
1. The name of the limited liability	company is: Thre	e M Equities LLC	
2. The mailing address of the limite	ed liability company	is: 1610 New Highwa	ay
Farmingdale, New York 1173	35		<u></u>
July 7, 2004		MO4000002670	
3. Date of filing/registration in Flor	ida	4. Document num	nber
5. The name of the registered agent Florida Department of State:	and the registered o	office address as shown o	on the records of the
	CT Corporation		
	Name 1200 South Pine		4. 0
	Addres		AND STATE
· .	Plantation, F City, State a		型。
6. The name and address of the new		•	05 DCT 27 AM 10: 12 SELANASSEE FLORID
	Tom Fanu	zzi	Tog 🧔 `
2502	Name Fairway Drive	n O Por 4356	2
		Box NOT acceptable)	P
Juj	piter FL	33469	
	City, State and	d Zip	
If the limited liability company is no confirmed that after the change or chand the business office of the registe liability company, it is hereby confirmed the members of the limited liability che operating agreement of the limited.	nanges are made, the red agent will be ide med that the change company or as other ed liability company	e Florida street address of entical. Or, in the case of e(s) was/were authorized wise provided in the art	of the registered office of a Florida limited by an affirmative vote of
Signature of a member or authorized represents	itive of a member)		
MARIO A. POSILLICO			
(Printed or typed name of signee) I hereby accept the appointment as recomply with the provisions of all stated and I amfamiliar with and accept the chaptes 608, F.S. Of I this docume address I hereby confirm that the line of the confirmation of Registered Agent)	registered agent and tutes relative to the e obligations of my ent is foeing filed to i nited liability compo	d agree to act in this cap proper and complete pe position as registered a merely reflect a change any has been notified in	acity. I further agree to formance of my duties, zent as provided for in in the registered office writing of this change.
Division of Corne	rations PA Box	6327 Taliakassaa EL	3231 <i>A</i>

FILING FEE: \$25.00

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