M100000004062

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
PłCK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
	·				

Office Use Only



500188892745

12/27/10--01015--019 **25.00

2010 DEC 27 PM -8: 40

C. LEWIS

DEC 2 8 2010

EXAMINER

COVER LETTER

	tion Section of Corporations				
SUBJECT:	·- ·······				NERS LLC
	Name of	Limite	d Liabi	lity Co	ompany
Dear Sir or Mac	lam:				
The enclosed R	egistered Agent/Registered	Office	Change	and f	ee(s) are submitted for filing.
Please return al	correspondence concernin	g this m	atter to	the fo	ollowing:
	Barbara Anderson				
	Name of Person			_	
	Licensing Professionals Firm/Company		·····	=	
	PO Box 566				
	Address			_	
	Lynden WA 98264 City/State and Zip Code		- · · · · ·	-	
	City/state and Zip Code				
CSC E-mail address	Markedwardpartners.c	com notification	on)	_	
For further info	rmation concerning this may	tter, ple	ase call		
	rbara Anderson	at (_	888	_)	543-5432
N	lame of Person			Area Co	ode & Daytime Telephone Number
Registrat Division Clifton B 2661 Exe	C/COURIER ADDRESS: ion Section of Corporations uilding cutive Center Circle ee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclose	d is a check for the followi	ing amo	ount:		
✓ \$25 F	iling Fee		☐ \$5	5 Filis	ng Fee & Certified Conv

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.

Name of the limited liability company:MA	RK EDWARD PARTNERS LLC			
2. (a) Principal office address of limited liability compar	ny: 505 Park Ave. 5th Floor			
(Note: MUST BE STREET ADDRESS)	Now York NV 40000			
	New York, NY 10022			
(b) Mailing address of limited liability company:	505 Park Ave. 5th Floor			
(Note: MAY BE POST OFFICE BOX)	New York, NY 10022			
09/14/2010	M1000004062			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown or	1 the records of the Florida Dept. of State:			
Registered Agent:	Corporation Service Company			
Registered Office Address:	1201 Hays Street Tallahassee FL 32301-2525			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	Paracorp Incorporated 236 East 6th Avenue Tallahassee, FL 32303			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the organized agreement of the limited liability company. Signature of a member or authorized representative of a member Mark E. Freitas Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of all statutes relative to the provisions.	Florida street address of the registered office ntical. Or, in the case of a Florida limited is) was/were authorized by an affirmative vote erwise provided in the articles of organization by.			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to address. Thereby confirm that the limited liability company	roper and complete performance of my dulies, osition as registered agent as provided for in serelly reflect a change in the registered office my has been notified in writing of this change			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

see attached

Signature of Registered Agent

TILED

2010 DEC 27 PM 3: 40

ALLAHASSEE TLORIGA

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 12/7/2010

ENTITY NAME: MARK EDWARD PARTNERS LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 236 East 6th Avenue Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Ninh Ho, Assistant Secretary Paracorp Incorporated

Winh for