

M11000000913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

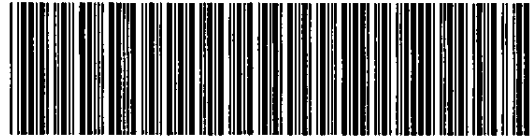
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2012 DEC 10 AM 8 30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

J. SAULSBERRY  
EXAMINER  
DEC 12 2012

December 5, 2012

**VIA US MAIL**

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **Market Alternatives LLC**

Dear Sir or Madam:

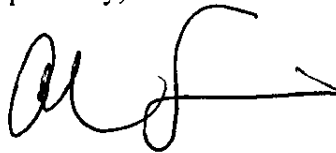
On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$35 \$25 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,



Adam Saldaña  
REGISTERED AGENT SOLUTIONS, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 DEC 10 AM 9:30

FILED

**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. Name of the limited liability company: MARKET ALTERNATIVES LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

**(Note: MUST BE STREET ADDRESS)**

215 SOUTH MAIN STREET  
NEWARK NY 14513

(b) Mailing address of limited liability company: \_\_\_\_\_

**(Note: MAY BE POST OFFICE BOX)**

215 SOUTH MAIN STREET  
NEWARK NY 14513

02/21/2011  
3. Date of filing/registration in Florida

M11000000913  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: HATCH, JOHN D ESQ

Registered Office Address: 1267 BERKSHIRE LANE SUITE 200  
TARPON SPRINGS FL 34688 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** Registered Agent Solutions, Inc.

**NEW Registered Office Address:** 155 Office Plaza Dr.  
**(MUST BE FLORIDA STREET ADDRESS)** Suite A  
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Larry De Pauw  
Printed or typed name of signee

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, hereby confirm that the limited liability company has been notified in writing of this change.

[Signature] Art Flores, Asst. Secretary  
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA

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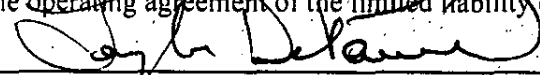
Registered Office Address: 1267 BERKSHIRE LANE SUITE 200  
TARPON SPRINGS FL 34888

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Registered Agent Solutions

NEW Registered Office Address: 155 Office Plaza Dr.  
*(MUST BE FLORIDA STREET ADDRESS)* Suite A  
Tallahassee, FL 32301

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Signature of a member or authorized representative of a member

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Signature of Registered Agent

Art Flores, Asst. Secretary

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