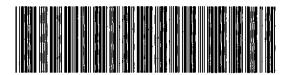
## P04000095133

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: M Three of Polk County, Inc. Name of Corporation
DOCUMENT NUMBER: P 04000 95 133
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  M. Three of Palk County, Inc.  Firm/Company  P. O. Box 463  Address  Lakeland, FL 33802  City/State and Zip Code
Cathy @ about imperialmanar. Cam  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cathy Margan at (863) 683 - 2556  Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: M Three of Polk County, Inc.
2. The principal office address: 1 Imperial Dr.  Lakeland, FL 33815
3. The mailing address (if different): P.O. Box 463
Lakeland, FL 33802  4. Date of incorporation/qualification: 6/21/2004 Document number: P0400095133
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Frank J. Rief, III
401 East Jackson St., Suite 1700
Tampa, FL 33602
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Mark G. Morgan
36821 Laurel Oaks Lane Barry
Dade City, FL 33525 5 5
The street address of its registered office and the street address of the business office of its registered age as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
authorized by the board, or the corporation has been notified in writing of the change.  Cathy A Morgan Printed of typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent  Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

\* \* \* FILING FEE: \$35.00 \* \* \*