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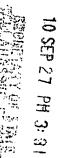
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COVER LETTER

TO: Amend Divisio	lment Section on of Corporations	
SUBJECT:	402 Del Name of Corp	mar, Inc
	00700	000 28540
DOCUMENT :	NUMBER: 4010L	000 08340
The enclosed St	tatement of Change of Registered Office/A	agent and fee are submitted for filing.
Please return al	l correspondence concerning this matter to	the following:
	MAR K Name of Conta	ct Person
	Firm/Com	pany
	603 WATE	RWOOD CT
	LUTZ, F	2 335 (B)
	E-mail address: (to be used for futu	ad. com ure annual report notification)
For further info	ormation concerning this matter, please call	l:
MA	Name of Contact Person	at (<u>8/3</u>) <u>546-0859</u> Area Code & Daytime Telephone Number
Enclosed is a \$3	35.00 check made payable to the Departme	ent 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

1. The name of the corporation: 402 Del MNR, Trc 2. The principal office address: 603 WATERWOOD CT LUTY, FL 33548 3. The mailing address (if different): 4. Date of incorporation/qualification: 03 DS 2007 Document number: POTOSOO 28540 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) KOCHIEL - COMPAN 4 INC 401 NONTH HOWARD AND 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): MARK D. NANN 603 WATERWOOD CT PO Box NOT acceptable LUTZ, FL 33548 The street address of its registered office and the street address of the business office of its registered agent, 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. MARK D. MARM MARKED. MARK D. MARM MARKED. NEGRET OF TREATMENT O	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.
3. The mailing address (if different): 4. Date of incorporation/qualification: \(\O \) \(\	
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Signature of an officer or director Printed or typed name and title	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.
corporation has been notified in writing of this change.	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.
Mud I Cu 9/22/10 Signature of Registered Agent Date	Must I du 9/22/10 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

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