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(Requestor's Name)					
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Special Instructions to	Filina Officer:				
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Office Use Only



COVER LETTER

Division of Corp	orations			
SUBJECT:	CT: Marco 66 Inc. Name of Corporation			
	Name of C	Corporation		
DOCUMENT NUMBE	R:P98	8000057132		
The enclosed Statement	of Change of Registered Offic	ce/Agent and fee are submitt	ed for filing.	
Please return all correspo	ondence concerning this matte	er to the following:		
	William	n Bartley		
	Name of Co	ontact Person		
	First Florida M	anagement LLP		
 ,		Company		
	600 Druid	Road East		
	Ado	dress		
	Classista	- FL 22756		
	City/State a	r, Fl. 33756 und Zip Code		

E-m	ail address: (to be used for	future annual report notifi	cation)	
For further information of	concerning this matter, please	call:		
	am Bartley	at (727) Area Code & Daytin	535-9895	
Name of	Contact Person	Area Code & Daytin	ne Telephone Number	
Enclosed is a \$35.00 che	ck made payable to the Depar	rtment of State.		
	Mailing Address:	Street Address:		
	Amendment Section	Amendment Sec	*- *	
	Division of Corporations P.O. Box 6327	Division of Cor Clifton Building		
	Tallahassee, FL 32314	2661 Executive	_	

Tallahassee, FL 32301

TO:

Amendment Section

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

statement of cha	nge is submitted for a corp	poration organiz	607.1508, or 617.1508, Flo ed under the laws of the Sta ed agent, or both, in the Sta	te of Florida
1. The name of t	the corporation: Marco	66, Inc.		
			Clearwater, Fl. 33756)
			· · · · · · · · · · · · · · · · · · ·	
3. The mailing a	nddress (if different): SAN	ΛE		-
4. Date of incorp	poration/qualification:	06/98	Document number:	P98000057132
	d street address of the curre trment of State: (If resigned		ent and registered office on t	file with the
	Jacobs, Lenore (RE	ESIGNED)		
	600 Druid Rd. E			
	Clearwater, Fl. 3375	56		09 SEC
6. The name and (if changed):	d street address of the new	registered agent	(if changed) and /or register	FIL 24 ARETARY ANASSEE
	Andrea Kiesel			—— FE D
`	600 Druid Road Eas			: 4 TATE ORIĐ
	Clearwater, FL. 337	P.O. Box NOT a	acceptable	9 " 6
	ess of its registered office be identical.	and the street ac	ddress of the business office	
authorized by the	he board of the corporation	on has been noti	by its board of directors or fied in writing of the chang	ge.
Signatu	re of an officer or director		Michael S Printed or typed nan	
I further agree of my duties, and document is bei corporation has	the appointment as regis to comply with the provis ad I am familiar with and ing filed merely to reflect s been notified in writing	tered agent and ions of all statut accept the oblig a chaffse in the of this change.	agree to act in this capaci es relative to the proper a ation of my position as reg registered office address, 06/18	nd complete performance zistered agent. Or, if this I hereby confirm that the
If signing on be	chalf of an entity:			
•	Andrea Kiesel			
Т	vped or Printed Name			

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