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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Mario Marailio, Jr. D.C. PA. (Name of Corporation)		
DOCUMENT NUMBER: S12347		
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:		
Mario Marsilio (Name of Contact Person)		
Mario Marsilio, Jr. D.C.P.A. (Firm/Company)		
3580 Alona Ave. Ste.3		
Winter Park F1 32792 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Mario Marsilio at (HOF) 657-6441 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address:Street Address:Amendment SectionAmendment Section		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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
1. The name of the corporation: Mario Marsilio, Tr. D.C. P.A.
2. The principal office address: 3580 Aloma Ave. Ste. 3 Winter Park, F1 32792
3. The mailing address (if different):
4. Date of incorporation/qualification: 10122 11990 Document number: \$12347
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
John Z. Lagrow
20 N. Orange Ave. 1100 PR 37
6. The name and street address of the new registered agent (if changed) and /or registered office?
Dr Mario Marailio, Jr. BAR &
3580 Alona Ave. Ste.3 (P.O. Box NOT acceptable)
Winter Park, F1 32792
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.
(Signature of an officer of director) Dr. Mario Mars. 1:0, Jr. D. (Printed or 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) 101312007
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 (8/05)

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