L04000062891

(Requestor's Name)				
(1.0				
(Address)				
(Address)				
-				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
•		•		
(Business Entity Name)				
• .				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
	•			

Office Use Only



100098917701

04/30/07--01040--009 **25.00

AN FILED

2001 APR 30 P 2: 4:
SECRE JARY OF STATE
TALLAHASSEE, FINALE

COVER LETTER

	stration Section ion of Corporations		
SUBJECT:	MTC REALES to the (Name of Limited	Investment Liability Company)	100 LLC
Dear Sir or M	/ladam:		
The enclosed	Registered Agent/Registered Office C	Change and fee(s) are submitted for	r filing.
Please return	all correspondence concerning this ma	atter to the following:	
Pat	ti Guinta (Name of Person)	·····	
MTLX	PealEstate Inv	vestments, LLC	20 SE TAL
2625	Januami 1/	n. Unit 4	L APR 30
Port	(City/State and Zip Code)	2.33952	D 2: 42
For further in	formation concerning this matter, plea	se call:	
Patt	(Name of Person) at (941) 235-464 (Area Code & Daytime Tele	
Regist Divisio Cliftor 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclo	sed is a check for the following amou	ınt:	
U\$25	Filing Fee	☐ \$55 Filing Fee & Certified Co	ру

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. The name of the limited liability company is:	Coal Estate Investmen		
2. The mailing address of the limited liability company is:	2625 Tanvanii Th.		
$\frac{8/25/04}{3 \text{ Data of filing/registration in Florida}}$	L04000062891		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Name Name Name Address City, State and Zip Address Addr			
6. The name and address of the new registered agent and/or Bessey Name Stoly Florida street address (P.O. Box City, State and Zip	NOT acceptable) Le 7-1 33948		
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 of a member or authorized representative of a member) (Printed or typed name of signee)			
I hereby accept the appointment as registered agent and agently with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my posi Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		

(Signature of Registered Agent)