

43 000 133 407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

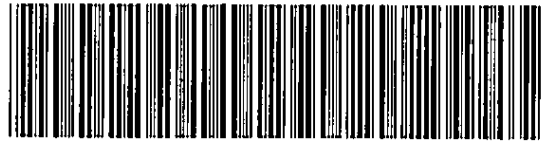
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MID ATLANTIC RECEPTIVE SERVICES, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHRYN O. SCOPETTI  
Name of Person

MID ATLANTIC RECEPTIVE SERVICES, LLC  
Firm/Company

P.O. Box 1390  
Address

STEPHENS CITY, VA. 22655  
City/State and Zip Code

maes@takeafuntrip.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liz Rhodes at (540) 869-1864 x122  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: MID ATLANTIC RECEPTIVE SERVICES, LLC

2. (a) 5407 GERMAIN STREET Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) P. O. Box 1390 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

STEPHENS CITY, VA. 22655 STEPHENS CITY, VA. 22655

3. 09/27/2013 Date of filing/registration in Florida 4. 3227099 5139040 Document number

5. (a) LISA SCALZO Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

715 REFLECTIONS LANE Registered Office Address (MUST BE FLORIDA STREET ADDRESS) WINTER GARDEN, FL. 34787-5948 FL

(b) Louis Horkan Enter name of NEW Registered Agent and/or NEW Registered Office address:

1991 E. STATE RD 60, #305 NEW Registered Office Address: Valrico, FL 33594 FL

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 member or authorized representative of a member KATHRYN Scopelto Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

201910/21 PM 4:00