

A14000000.698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

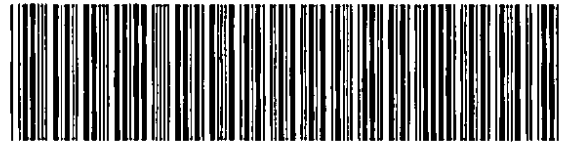
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400305912974

11/28/17--01021--015 **35.00

9

2017 NOV 27 AM 9:03
J. HARRIS

NOV 30 2017
J. HARRIS

17 NOV 27 AM 8:52
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MRead FLorida Holdings LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A14000000698

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

Please return all correspondence concerning this matter to:

Michelle Read
Contact Person
Owner of 931 Cedar Street
Firm/Company
931 Cedar Street; Unit 1
Address
Jacksonville, FL 32207
City, State and Zip Code
mx.mr@sympatico.ca
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Read at (416) 879-7323
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. MRead Florida Holdings LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. December 11th, 2014 3. A14000000698
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporate Creations Network, Inc.
Name
11380 Prosperity Farms Road #221
Address
Palm Beach Gardens, FL 33410
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Michelle Read
Name
931 Cedar Street; Unit 1
Florida street address (P.O. Box not acceptable)
Jacksonville, FL FL 32207
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Michelle Read
Signature of General Partner

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.

Michelle Read
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

2017 NOV 27 PM 9:33