Division of Corporations Electronic Filing Cover Sheet

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(((H150000569243)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE MCNATT INVESTMENTS, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAR - 6 2015

T. HAMPTON

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT:MCNATT INVESTMENTS, LTD.
Name of Corporation
DOCUMENT NUMBER:
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:
HENRY MUNATT
Name of Contact Person
Firm/Company
6210 N FLORIDA AVE TAMPA, FL 33604
TAMPA, FL 33604
City/State and Zip Code
MMang Hz evericon net
E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
5000 813 237-8861
Name of Contact Person at (8/3) 237-886/ Area Code & Daytime Telephone Number

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

Mulling Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, PL 32301

CR28045 (03/12)

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

1. The name of t	the corporation: MCNATI' I	NVESTME	INTS, LTD.		
2. The principal	office address:				
3. The mailing a	iddress (if different):			-	
4. Date of incorp	poration/qualification: 2/22	/1994	Docume	nt number: A9400	0000212
	i street address of the currentment of State: (If resigned			ered office on file	with the
	Powler, White, Boggs, P.A.				
	501 B. Kennedy Boulevard,	#1700			
	Tampa, Plorida 33602	_			_
(if changed):	d street address of the new r	registered a	agent (if changed)	and for registered	office
	C T Corporation System				-
	c/o C T Corporation System		h Pine Island Road NOT scorptable		_
	Plantation, Florida 33324				_
The street addre	ess of its registered office a be identical.	ind the stre	eet address of the	oolfto esaniwo	its registered agent,
Such change was authorized by the	is authorized by resolution to board, or the corporation	duly adop bas been	ted by its board o notified in writing	directors or by a of the change.	n officer so
Signos	SOFTH Offices of shreets			Exe M	CN HOT SOF
I hereby accept if further agree to performance of agent. Or, if this hereby confirm to CT Comp	the appointment as registe to comply with the provision my duties, and I am familit s document is being filed to that the carporation has being the composition for th				
If signing on bel	half of an entity:	3	Sharon R. I Assistant S		SECREI
Ty	yped or Printed Name	EUTING I	FEE: \$35.00 * * *	ı	ASS SS
		. 101110 1			,