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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL .			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Stat	us			
Special Instructions to Filing Officer:				
wrong form				
Office Use Only				

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WYO & FUE PARELS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MCW ACQCISTION CCC 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:
Robert PollAcE Name of Person
MCW ACQUISTION LLC Firm/Company
1100 SW 30+4 Aveque
PULL PANO BACH FL 33069 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Pollacic at 954 974 0770 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
INHS18 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2016

ROBERT POLLACK 1100 SW 30TH AVENUE POMPANO BEACH, FL 33069

SUBJECT: MCW ACQUISITION, LLC

Ref. Number: L02000034588

We have received your document for MCW ACQUISITION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 916A00023028

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.

1101144	11-	1		11	
1. Name of the limited liability company:		ACQUI-			
2. (a) 1/00 5W 301h	Avenue	(b) 1100	56 300	th Avenue	2_
Principal office address of limited liabili	ty company:	Mail	ing address of limite	ed liability company:	
(Note: MUST BE STREET ADD		· -	Note: MAY BE POS		2-70
POMPANO BEACH F	2 35069	POMPA	vo Batch	, -2 33	<u>~</u> 67
		,	0 -		
12/24/200			20000.		
3. Date of filing/registration in Fl		Do	ocument number		
5. (a) Robert POILACK	E59				
Registered Agent and Registered Office shown		-			
	d Blud -				
Registered Office Address (MUST BE FLO	<u>RIDA STREET ADDRÉ</u>	<u>(SS)</u>			
				7 100	
FORT CAUDEN DA	Le .FL 3	73301		5	
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(b) Robert PollAC,				ا الله الله الله الله الله الله الله ال	- 당
Enter name of <u>NEW Registered Agent</u> and/or <u>New Registered Agent</u>	NEW Registered Office	address:		A 0	_
1100 5W 30th	Avenue			0: 26 2: 27	
NEW Registered Office Address:		_		ω ,	•
POMPANO BEACE	n FL 3	3069			
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	, FL	· · · · · · · · · · · · · · · · · · · 			
If the limited liability company is not organized	d under the laws of t	he State of Florid	la, it is hereby co	onfirmed that after	1
the change or changes are made, the Florida stragent will be identical. Or, in the case of a Flo	rida limited liability	company, it is he	ereby confirmed	that the change(s)	1
was/were authorized by an affirmative vote of the articles of organization or the operating agr	the members of the l	imited liability of	ompany or as oth	herwise provided in	n
The arreves of organization of the operating age	1. /	CYHHAIA	A RAITE	O MANAGIN	6 Kenber
Signature of a member or authorized representative of	a member	Pr	inted or typed name	of signee	
I hereby accept the appointment as registered	agent and agree to	act in this capaci	ty. I further agr	ee to comply with	the
provisions of all statutes relative to the proper the obligations of my position as registered ag to merely reflect a change in the registered off	ent as provided for i	n Chapter 605, F	S. Or, if this do	cument is being fi	led
notified in writing of this change.	ce auuress, 1 nereoy	сопутт тасте	итива навину	company nas veer	•
Sols Alle					
Signature of Registered Agent					