

LD3000001564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

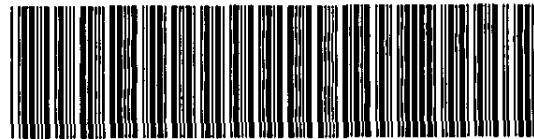
(Business Entity Name)

(Document Number)

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Change

04/16/14--01025--010 \*\*25.00

FILED  
2PM APR 16 PM 3:12  
TALLAHASSEE, FLORIDA  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

DR  
4/23/14

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

Pursuant to the provisions of sections 605.014 or 605.014, 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: MONT-MIL, LLC

2. (a) Principal office address of limited liability company: 40 GREENTREE GARDENS  
(Note: **MUST BE STREET ADDRESS**) 4113 HENDERSON BLVD  
TAMPA, FL 33629

(b) Mailing address of limited liability company: 40 GREENTREE GARDENS  
(Note: **MAY BE POST OFFICE BOX**) 4113 HENDERSON BLVD  
TAMPA, FL 33629

APRIL 4, 2014  
3. Date of filing/registration in Florida

203000001564  
4. Document number

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

Registered Agent: CFRA, LLC

Registered Office Address: 100 S. ASHLEY DR.  
SUITE 400  
TAMPA, FL

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

**NEW Registered Agent:** ANGELO C. MONTANARO

**NEW Registered Office Address:** 4113 HENDERSON BLVD  
(**MUST BE FLORIDA STREET ADDRESS**) TAMPA, FL 33629

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.

Angelo C. Montanaro  
Signature of a member or authorized representative of a member

ANGELO C. MONTANARO  
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 608, 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.

Angelo C. Montanaro  
Signature of Registered Agent

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