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(Re	equestor's Name)	<u>. </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE ALLAHASSEF FLORID

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: mid Atlantic Investments 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:

George Larry Van Dess

(Name of Person)

Mild Ht lantic Towestment, LLC

(Firm/Company)

117 Bridge Port Rd

P.D. Box 7496

Daytona Beach, Florida 32118

Daytona Beach, Florida 32116

For further information concerning this matter, please call:

(Name of Person)

386 255-2279

(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

INH\$18 (8/05)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or both, in the state of 1 tortua.
1. The name of the limited liability company is: Mid Atlantic Truest monts, Like
2. The mailing address of the limited liability company is: 117 Bridge Port Pd.
Drytona Beach Florida 32118 or
P. G. Box 7496, Daytona Beach, Florida 32116
3. Date of filing/registration in Florida 4. Document number ew1774
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Paracorp - Ramona Gagnon
P.O. Box 160568 Address
Sacrononto CA 95816-0568 City, State and Zip
6. The name and address of the new registered agent and/or office:
Florida street address (P.O. Box NOT acceptable) Daylona Beach FL City, State and Zip
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 a member or authorized representative of a member)
(Printed or typed name of signee)
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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 688, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Regretared Agent)

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