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JUL 23 2013 T CLINE

COVER LETTER

TO: Registration Section **Division of Corporations**

MTL 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:

Mana Barkley

National Corporate Research, Ltd.

Firm/Company

194 Washington Avenue, Suite 310

Address

Albany, NY 12210
City/State and Zip Code

atavares & kmhlabs com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mana Barkley

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:

S25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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.

1. Name of the limited liability company: MTL Investmen	nts, LLC	
 (a) Principal office address of limited liability comp (<u>Note: MUST BE STREET ADDRESS</u>) 	pany: 2625 TAMIAMI TRAIL, SUITE 1 PORT CHARLOTTE, FL 33952	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2625 TAMIAMI TRAIL, SUITE 1 PORT CHARLOTTE, FL 33952	
8/22/2003	L03000031938	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida I	Dept. of State:
Registered Agent:	GIUNTA, PATTI	-1 22 -
Registered Office Address:	2625 TAMIAMI TRAIL, SUITE 1	
		25 23 F
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office add	ress P
NEW Registered Agent:	NATIONAL CORPORATE RESE	ARCH TO.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 OFFICE PLAZA DRIVE	31.
(MCSI DI TROMONISTREET, MORESS)	TALLAHASSEE	,FL 32301
If the limited liability company is not organized under confirmed that after the change or changes are made. I and the business office of the registered agent will be i liability company, it is hereby confirmed that the change the members of the limited liability company or as oth the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	he Florida street address of the identical. Or, in the case of a F ge(s) was/were authorized by a terwise provided in the articles	registered office Florida limited an affirmative vote of
Printed or typed name of signee I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of a Chapter 608, F.S. Or, if this document is being filed to address, thereby confirm that the finited liability con	and agree to act in this capacit he proper and complete perfori my position as registered agent to merely reflect a change in th	v. I further agree to mance of my duties, as provided for in e registered office
address, thereby confirm that the inited liability con	npany has been notified in writ	'ing of this change.

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

Signature of Registered Agent

X