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(Ac	idress)			
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J. BRYAN

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
and the state of t		
SUBJECT: MIT, LLC		+
(Name	of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for fi	iling.
Please return all correspondence concerning	this matter to the following:	o (2
	-	Wision of C
		2 97
JOHN P. COLLINS, JR., ESQUIRE	·	}
(Name of Person)		OF STATE OR ATTO
		7: 2 AAA
JOHN P. COLLINS, P.A.		J 📆
(Firm/Company)		
59 Lake Morton Drive		
(Address)		
Lakeland, Florida 33801		
(City/State and Zip Code)		
For further information concerning this matt	er, please call:	
Michelle L. Kaye	_ at (<u>863</u>) <u>682-8282</u>	
(Name of Person)	(Area Code & Daytime Telephone N	umber)
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
	☐ \$55 Filing Fee & Certified Copy	,
INHS18 (5/08)		

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. Na	me of the limited liability company: MIT, LLC		3	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	ODLANDO EL 00007	#	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	OD! ANDO EL 00007	0	
	EMBER 29, 2003	L03000038052 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
3. Da	te of filing/registration in Florida	4. Document number		
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
	Registered Agent:	JOHN P. COLLINS, JR.		
	Registered Office Address:	59 Lake Morton Drive Lakeland, Florida 33801	₽	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address: ESMOND A. GROSZ, III	E	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3351 TIMUCUA CIRCLE ORLANDO, FL 32837 .FL	•	
that at office hereby liabili limite	limited liability company is not organized under the later the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	t address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited		
ESMC (Printer	OND A. GROSZ, III d of typed name of signee)	_		
	eby accept the appointment as registered agent and a y with the provisions of all statutes relative to the promition with and accept the obligations of my position Or, if this document is being filed to merely reflect a community of the state of the province of the prov	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.		
(Signature of Registered Alent) Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00				

INHS18 (05/08)