## 103000045877

(Re	questor's Name)	<del></del>			
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	<del>)</del> #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





700251059367

2014 MAR | 3 AM | 1: 03

MAR 14 2014 D. BOOLULE



ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: March 7, 2014

ORDER TIME : 9:44 AM

ORDER NO. : 045679-125

CUSTOMER NO: 7539619

## CHANGE OF AGENT

NAME: MBA ENTERPRISE HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

## **COVER LETTER**

	tration Section on of Corporations					
SUBJECT:	MBA ENTERPRISE HOLDING	S, LLC			_	
	Name of	f Limited Liabi	lity Company			
Dear Sir or M	ladam:					
The enclosed	Registered Agent/Registered	Office Change	and fee(s) are submitted for fi	iling.		
Please return	all correspondence concernin	g this matter to	the following:			
Maria Long						
	Name of Person		_			
Corporation Se	ervice Company			ا معتر	2014	
	Firm/Company		_		4 MAR	1.
801 Adlai Stev	renson Drive			385 V	$\frac{\sim}{\omega}$	F
	Address		<del></del>	ក់គ្នែ ការ៉ា	<u> </u>	1
Springfield IL 6	52703			TOTAL LYILS	AH II: 03	The service
	City/State and Zip Code	•	_	1730 1201	ယ	
compliancema	il@cscinfo.com					
E-mail addr	ess: (to be used for future annual repor	t notification)	<del></del>			
For further in:	formation concerning this ma	tter, please call	:			
Maria Long		800 at (	927-9801			
	Name of Person		Area Code & Daytime Telephone Numb	ber	•	
Registi Divisio Clifton 2661 E	et/Courier address: ration Section on of Corporations a Building Executive Center Circle assee, Florida 32301	Rep Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 clahassee, Florida 32314			
Enclo	sed is a check for the follow	ing amount:				
□ \$25	Filing Fee	<b>□</b> \$5	55 Filing Fee & Certified Copy	<i>Y</i>		
INHS18 (12/13)						

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

Pursuant to the provisions of sections 605.0114, 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.

ooth, in the state of Florida.			
1. Name of the limited liability company: MBA ENTERPRIS	SE HOLDINGS, LLC		
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	5471 NORTH UNIVERSITY DRIVI CORAL SPRINGS, FL 33067	Ē	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5471 NORTH UNIVERSITY DRIVI CORAL SPRINGS, FL 33067	Ē	
11/9-2003	10300004587	7	
3. Date of filing/registration in Florida 4	4. Document number		
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. o	f State:	
Registered Agent:	ANGELO & BANTA, P.A.	20	
Registered Office Address:	515 EAST LAS OLAS BOULEVAR SUITE 850 FORT LAUDERDALE, FL 33	R R	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:	AN I	
NEW Registered Agent:	Corporation Service Company	<u> </u>	
NEW Registered Office Address:	1201 Hays Street	> · · · · · · · · · · · · · · · · · · ·	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,F	_FL 32301	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee	orida street address of the registe cal. Or, in the case of a Florida I was/were authorized by an affirm	red office limited native vote of	
I hereby accept the appointment as registered agent and agently with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 605, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company By:	ree to act in this capacity. I fun per and complete performance of ition as registered agent as provely ely reflect a change in the regist has been notified in writing of the Maria Long Asst. Sec.	ther agree to f my duties, vided for in ered office his change.	

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