## L05000026294

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

## COVER LETTER

Division of Corporations
SUBJECT: MID FLORIDA COMPANIES, 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:
Wayne S. Gove (Name of Person)
Mid Florida Companies, LLC (Firm/Company)
2970 S. Atlantic Avenue
(Address)
Daytona Beach Shores, FL 32118
(City/State and Zip Code)  For further information concerning this matter, please call:  Wavne S. Gove  at (386) 547-6049
(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

## STATEMENT OF CHANGE OF REGISTÈRED 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. The name of the limited liability company is	MID FLORIDA COMPANIES, LLC
2. The mailing address of the limited liability of	company is: Change TO: 2970 S. Atlantic Ave
Daytona Beach Shores, FL 32118	
03/14/2005	L05000026294
3. Date of filing/registration in Florida	4. Document number
-	istered office address as shown on the records of the
<u> -</u>	e, Wayne S.
	·
73 <u>0</u> S. At	lantic Ave Suite 204
Ormand	Address Reach El 32176
City	Beach, FL 32176 y, State and Zip
6. The name and address of the new registered	•
Gov	re, Wayne S.
	Name
,	. Atlantic Avenue
Florida street addre	ess (P.O. Box NOT acceptable)
Daytona Beach Shor	
City,	State and Zip
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that to of the members of the limited liability comparor the operating agreement of the limited liability company.	d under the laws of the State of Florida, He is hereby made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited he change(s) was/were authorized by an affirmative vote by or as otherwise provided in the articles of organization ity company.
Wayne S. Gove	en e
(Printed or typed name of signee)	
I hereby accept the appointment as registered comply with the provisions of all statutes relat and if am familiar with and accept the obligation Chapter 608 F.S. Of if this document is bein address, I hereby confirm that the limited liable	agent and agree to act in this capacity. I further agree to ive to the proper and complete performance of my duties, ons of my position as registered agent as provided for in a filed to merely reflect a change in the registered office lity company has been notified in writing of this change.
(Signature of Registered Agent)	<del></del>

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