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| (Requestor's Name) | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
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| (Business Entity Name) | | | | | | |
| (Dusiness Littly Name) | | | | | | |
| (Day word N. Alban) | | | | | | |
| (Document Number) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

| то: | Registration Section Division of Corporations | | | | | |
|--|---|---|--------------------------------------|--|--|--|
| SUBJI | MIS HOLDINGS LLC | | | | | |
| Name of Limited Liability Company | | | | | | |
| Dear S | ir 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: | | | | | | |
| MAR ⁻ | THA I. SPENCE | | | | | |
| | Name of Person | | _ | | | |
| MISH | HOLDINGS LLC | | | | | |
| | Firm/Company | | _ | | | |
| РО В | OX 606 | | | | | |
| | Address | | _ | | | |
| GOO | DLAND, FLORIDA 34140 | | | | | |
| | City/State and Zip Code | | _ | | | |
| HANK | (SP@YAHOO.COM | | | | | |
| E | -mail address: (to be used for future ann | nual report notific | ation) | | | |
| For further information concerning this matter, please call: | | | | | | |
| MAR | THA SPENCE | 239 at (| 642-3862 | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | |
| Registration SectionRegistration SectionDivision of CorporationsDivision Of CorporationsClifton BuildingP.O. | | AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314 | | | | |
| | Enclosed is a check for the following amount: | | | | | |
| | ■ \$25 Filing Fee & Certified Copy | | | | | |

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N | ame of the limited liability company: MIS HOLD | INGS L | LC | | |
|---------------------------------------|---|---------------------------------------|------------------------------|--------------------------|---|
| 2. (a) | 502 COCONUT AVE | | (b) | P.O. BO | OX 606 |
| 2. () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (~) | 1 | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | GCCDLAND, FLORIDA 34140 | | , | GOODL | LAND, FLORIDA 34140 |
| | FEB. 16, 2017 | | Ĺ | 0500003 | 035918 |
| 3. | Date of filing/registration in Florida | 4. | | | Document number |
| 5. (a) | PAUL M. STOKES | | | | |
| ` , | Registered Agent and Registered Office shown on the records ONE SOUTHEAST THIRD AVE | ate: | | | |
| | Registered Office Address (MUST BE FLORIDA STREE | EET ADDRESS) | | | F1 AUG SECRET. |
| | MIAMI | _{FL} 3313 | 11 | | FILED ANG 31 PA CREIVEY OF LAHASSEE. F |
| (b) | HARRY B. SPENCE, JR. Enter name of NEW Registered Agent and/or NEW Registered Office address: 502 COCONUT AVE. | | | PH 3- 16 FESTATE FLORIDA | |
| | NEW Registered Office Address: PO BOX 606 | | | | |
| | | _{FL} 3314 | 0 | | |
| the cha agent was/w the art | imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the florida limited for the operating agreement of the case of a member or authorized representative of a member | of the re Highility is of the l | gist con imit d lia | ered office | ec and the business office of the registere is hereby confirmed that the sharps (c) ity company or as otherwise provided in |
| I here provis the ob- to mer | by accept the appointment as registered agent and cions of all statutes relative to the proper and completing tions of my position as registered agent as registered agent as registered office address, d in writing of this change. | agree to a ele perfor I hereby | act i | n this cape | pacity. I further agree to comply with the |
| Signati | Division of Corporations P.C. |). Box 63 | 27• | Tallahas | assee, FL 32314 |

FILING FEE: \$25.00

INHS18 (2/14)