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(Requestor	's Name)	
	Address)		
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(d	City/State/	Zip/Phone i	7)
PICK-UP		WAIT	MAIL
(Busin ess I	Entity Name	·)
	Document	Number)	
Certified Copies	C	ertificates c	of Status
Special Instructions t	to Filing O	fficer:	
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COVER LETTER

Division of Corporations	
SUBJECT: MRC Hor (Name of	Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Mark Cheeley (Name of Person)	
M&C Homes LL	
539 E. Dakland F	Park Blud.
Dakland Park FL (City/State and Zip Code)	33334
For further information concerning this mat	ter, please call:
Mark Cheeley (Name of Person)	at OSH OUH-HT38 E STATE (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	ng amount:
\$25 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. The name of the limited liability company is: MC Homes LLC
2. The mailing address of the limited liability company is: 539 E. Oakland Park Blu
Datiland Park FL 33334
08/03/2005 L05000074393
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Michael Balta
539 E. Dabland Park Blud.
Danland Park FL 33834 City, State and Zip
6. The name and address of the new registered agent and/or office:
Mark Cheeley
Name Sage Dakland Park Blvd. Florida street address (P.O. Box NOT acceptable)
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of afflorida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a number or authorized representative of a hember)
(Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I have by togism that the limited liability company has been notified in writing of this change.
uddress, į paredy popjirm that the timitea tiaditity company has been notified in writing of this change.

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

address.