Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 ; (850)222-1092 Phone Fax Number

(850)878-5926

REGISTERED AGENT CHANGE

MC WARREN LLC

0
02
\$35.99

Electronic Filing Menu

Help

NOV 2 4 2008

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. Name of the limited liability company: MC WARREN LLC

2. (a) Principal office address of limited liability company: 501 CHERYL COURT

(Note: MUST BE STREET ADDRESS)

JACKSONVILLE FL 32259

P.O. BOX 600797

(<u>Note: MAY BE POST OFFICE BOX</u>)	JACKSONVII/LE FL 32260
08/23/2005	L05000083067
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept, of State:
Registered Agent:	TESSITORE, MICHAEL A
Registered Office Address:	215 EAST LIVINGSTON STREET ORLANDO FL 32801 US
(b) Enter name of <u>NEW Registered Agent</u> and	t/or NEW Registered Office address:

NEW Registered Agent:

CT Corporation System

NEW Registered Office Address:

MUST BE FLORIDA STREET ADDRESS

Plantation

FL 33324

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 a Florida limited liability company, it is kereby confirmation 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 gospany/

(Signature of a patember or authorized representative of a member)

(b) Mailing address of limited liability company:

(Printed or typed name of signer)

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 amiliar with and accept the obligations of my position as registered agent as provided for in Chapter 608. It. Or, if this document is being that to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has begin notified in writing of this change.

CT Corporation System

Division of Corporations, P.O. Box 6327, Tallahasacc, FL 32314
FILLING FEE: 925.00

INHS18 (05/08)

PLALS - 45/27/24## CT System Outline

start of Kegistered Agent)

Madonna Cuddiny Special Assistant Secretary SECRETARY OF STATE DIVISION OF CORPORATIONS