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(Requestor's Name)						
(Address)						
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(City	//State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Doc	cument Number)					
Certified Copies	Certificates	of Status				
Special Instructions to F	Special Instructions to Filing Officer:					
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2021 NOV -9 AM ID: 58
SECRETARY OF STAIR

COVER LETTER

TO: Registration Section Division of Corporations		
MHE, LLC SUBJECT:		
	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
BETH A BAXTER		
Name of Person		
ERDMAN AUTOMOTIVE		
Firm/Company		
4650 HIGHWAY 520		
Address		
COCOA, FL 32926		
City/State and Zip Code		
BBAXTER@MIKEERDMANMOTORS.COM		
E-mail address: (to be used for future annual report	rt notification)	
For further information concerning this matter, please ca	all:	
BETH A BAXTER 32		
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303	
Enclosed is a check for the following amount:	:	
☐ \$25 Filing Fee	☐ \$55 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.

I. Na	ame of the limited liability company: MHE, LLC				
2. (a)	4650 HIGHWAY 520		(b) 4650 HIGHWAY 520		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	COCOA, FL 32926		COCOA.	FL 32926	
	11/29/2005		L05000114	1162	
3.5. (a)	Date of filing/registration in Florida HOWARD M SWERBILOW	4.		Document number	
J. (u)	Registered Agent and Registered Office shown on the records of a 600 FLORIDA AVE	the Flor	ida Dept. of Sta	ite:	
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 104	IDD <u>RI</u>	ESS)	_	
	COCOA FL	32922		2021 SE TAL	
(b)	BETH A BAXTER			THE THE	
• •	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	HASSET OF THE PROPERTY OF THE	
	4650 HIGHWAY 520			Fig. 3	
	NEW Registered Office Address:			FILED 2021 NOV -9 AM 10: 58 SECRETARY OF STALLAHASSEE THE	
	COCOA .FL	32926		_ `* _	
cnange agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility f the li	red office an company, it i mited liabili	nd the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in	
		M	ICHAEL II E	RDMAN	
	use of a mumber or authorized representative of a member			Printed or typed name of signee	
he obli o mere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I ha in writing of this change.	e to a perfori for in ereby	ct in this cap nance of my Chapter 603 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been	
Signatur	en Registered Agent				

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