Division of Corporations Public Access System

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Division of Corporations 6373 Fax Number : (850)617-6386

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368 O9 JUN 24 AM 10: 05.
SEURETARY OF STATE TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

MV FLORIDA REAL ESTATE, LLC

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D. BRUCE

JUN 25 2009

EXAMINER

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Corporate Filing Menu

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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.

l. Na	me of the limited liability company: MV FLORIDA	REAL ESTATE, LLC	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 16 MICROLAB RDSUITE A LIVINGSTON NJ 07039	<u>n</u>
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	LIVINGSTON NJ 07039	0
3/4/20		L0600001050 4. Document number	
3. Ma	ic of timgregistiation in Fibrica	a. Document number	
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
	Registered Agent:	A.G.C. CO.	•
	Registered Office Address:	200 S. ORANGE AVENUE Suite 2300 CORLANDO FL 32801 US) [
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	NEW Registered Agent:	CT Corporation System	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road Plantation PL 33324	J
office hereby liabilit limited	limited liability company is not organized under the ler the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	ase of a Florida limited liability company, it is y an affirmative vote of the members of the limite	ł ed
(Signatu	re of a member or authorized representative of a member)		
.HC	ward Schwartz	_	
I here comply am Jan F.S. Confirm	otyped name of signee) by accept the appointment as registered agent and a v with the provisions of all statutes relative to the pro niliar with and accept the obligations of my position or, if this document is being filed to merely reflect a c n that the limited liability company has been notified DAMMA WWW	a A. Burke	7 98,
(Signatu	re of Registered Agent) "Pocial Ass	istant Secretary	

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

INHS18 (05/08)