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To:

Division of Corporations

Fax Number : (850)205-0380

From:

: THE FLORIDA COMPANY Account Name

Account Number : I20060000001

: (608)827-5300

Phone Fax Number

: (608)824-0405

REGISTERED AGENT CH

MDFC INVESTMENT, LLC

Estimated Charge	\$35.00
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Certified Copy	0
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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 provision liability company submit agent, or both, in the Sta	ons of sections 608.416 or 608.508, Florida S is the following statement in order to change i te of Florida.	Statutes, the undersigned limited its registered office or registered	
1. The name of the limit	ed liability company is: MDFC INVESTMENT, LL	.C	
2. The mailing address of	of the limited liability company is:	·	
12190 E. HWY 25 OCKLA	WAHA FL 32179		
7/17/2006	L060000710)78	
3. Date of filing/registra	tion in Florida 4. Docume	ent number	
5. The name of the regist Florida Department of	ered agent and the registered office address as s State:	hown on the records of the	
-	THE FLORIDA INCORPORATING COMPANY		
	Name 1203 GOVERNORS SQUARE, STE. 101		
Address			
	TALLAHASSEE, FL 32301		
	City, State and Zip)6 / ALL	
City, State and Zip 6. The name and address of the new registered agent and/or office: Business Fillings Incorporated			
	Business Filings Incorporated	Sign 5	
	Name 1203 Governors Square, Stc. 101	₽ *	
	Florida street address (P.O. Box NOT accept	table) 9: 13	
	Tallahassee FL 32301		
	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 a Florida 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 member or authorized typesentative of a member)			
MARGUERITE CAYLOR PRESIDENT (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 auties, 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 hereby confirm that the limited liability company has been notified in writing of this change. [Signature of Registroid Agent] Division of Corporations, P.O. Box 6327/A allahassee, FL 32314			
DIVISI INHS18(10/99)	on of Corporations, P.O. Box 632/421 allahass FILING FEE: \$25.00	100, 11 32314	

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