

LO7000043875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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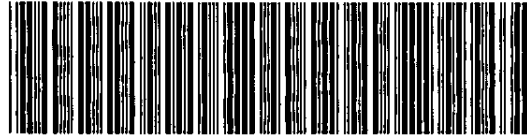
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2013

HOWARD BAUM
923 S TOWN & RIVER DR
FT MYERS, FL 33919

SUBJECT: MASTMI GP, LLC
Ref. Number: L07000043875

We have received your document for MASTMI GP, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 913A00017389

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MASTM: GP, LLC.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: L07000043875

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Howard Baum
Contact Person

MASTM: GP
Firm/Company

923 S. TOWN & RIVER DR.
Address

FT. MYERS, FL 33919
City, State and Zip Code

howardbaum@qol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Howard Baum at (239) 634-494
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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: MASTmi GP, LLC
2. (a) Principal office address of limited liability company: 923 S. TOWN AND RIVER DR
(Note: MUST BE STREET ADDRESS) FT MYERS, FL 33919
- (b) Mailing address of limited liability company: 923 S. TOWN AND RIVER DR.
(Note: MAY BE POST OFFICE BOX) FT MYERS, FL 33919

3. Date of filing/registration in Florida: 04/24/2007
4. Document number: L07000043875

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Whitesman, Guy E

Registered Office Address: 1715 MONROE STREET
FT MYERS, FL 33919

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: CAROL DOUGLAS

NEW Registered Office Address: 12800 UNIVERSITY DR
(MUST BE FLORIDA STREET ADDRESS) SUITE 275
FT MYERS, FL 33907

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]
Signature of a member or authorized representative of a member

HOWARD BAUM
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 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]
Signature of Registered Agent

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