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2013 MAY 30 AM 9:21

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J. SAULSBERRY
EXAMINER

MAY 31 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miracle Coast Services, LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Oliver Huttner

Name of Person

Management Tax Consulting, Inc

Firm/Company

4430 Orchid Blvd Ste 202

Address

Cape Coral, FL 33904

City/State and Zip Code

mtc.florida@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oliver Huttner

Name of Person

at (239) 645-4208

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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2013 MAY 30 AM 9:21
OFFICE OF THE
CLERK OF THE
STATE
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: Miracle Coast Services, LLC

2. (a) Principal office address of limited liability company: 510 SE 34th Street
(Note: **MUST BE STREET ADDRESS**) Cape Coral, FL 33904

(b) Mailing address of limited liability company: 510 SE 34th Street
(Note: **MAY BE POST OFFICE BOX**) Cape Coral, FL 33904

05/22/2013

L07300113236

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Miriam Ecke

Registered Office Address:

836 Mohawk Pkwy
Cape Coral, FL 33914

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

NEW Registered Agent:

Miriam Ecke

NEW Registered Office Address:

510 SE 34th Street

(**MUST BE FLORIDA STREET ADDRESS**)

Cape Coral, FL 33904

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.

M. Ecke
Signature of a member or authorized representative of a member

Miriam Ecke

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 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.

M. Ecke
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00