L08000001620

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s or Status
Special Instructions to	Filing Officer:	
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Office Use Only



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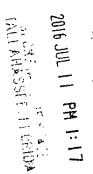
FLORIDA DEPARTMENT OF STATE Division of Corporations

June 27, 2016

MARK W LEIDIGH 963 N RONALD REAGAN BLVD LONGWOOD, FL 32750

SUBJECT: MOHAWK CENTER, LLC

Ref. Number: L08000001620



We have received your document for MOHAWK CENTER, LLC and your check(s) totaling \$120.00. 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 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number. 9

Letter Number: 916A00013481

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Mohauk Cewter US 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:			
MARIC W Leidigh Name of Person			
Mohale Center LLC Firm/Company			
963 N. RONAIS REAGAN Blud Address			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
MARK W Levels at (47) 118-118/ Name of Person 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			
INHS18 (2/14) selesaly Submilled			

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.

1. Na	ame of the limited liability company: Mohawk Coutes UC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BO	
	Longwood FL 32750	
	1-7-08 L08000001620	
3	Date of filing/registration in Florida 4. Document number	
5. (a)	Bartya S Leidigh	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	PREGISTER OFFICE ADDRESS (MUST BE FLORIDA STREET ADDRESS)	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		E tar
		0
(b)	MARK W Leidish	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	963 V- RONALA REVAGAN Blud NEW Registered Office Address:	1
	Lowgwood ,FL 32750	
the cha agent w was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that ange or changes are made, the Florida street address of the registered office and the business office of the rwill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the changer authorized by an affirmative vote of the members of the limited liability company or as otherwise provinces of organization or the operating agreement of the limited liability company.	egistered ge(s)
40		7
I herel provisi the obli to mere notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is be ely reflect a change in the registered office address, I hereby confirm that the limited liability company has din writing of this change.	with the ad accept ing filed s been
Signatu	ire of Registered Agept	
	Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00	