

208000040222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

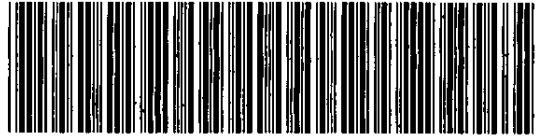
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TALLAHASSEE, FLORIDA

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ROBBINS EQUITASTM

■ Lawyers & Counsellors

December 18, 2008

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

Re: M & T Financial Group, LLC
Change of Registered Agent

To Whom It May Concern:

Enclosed is your Cover Letter and Statement of Change of Registered Office or Registered Agent for a Limited Liability Company form signed by Michael Huska, the Managing Member of M & T Financial Group, LLC, and J. Christopher Robbins, Esquire, as Registered Agent.

Also enclosed is check number 14711 in the amount of \$25.00 for the filing fee.

Thank you for your time and attention to this matter. If anything additional is needed, please advise.

Sincerely,



Oliver J. Janney

OJJ/mjk
Enclosures (check)
cc: Michael Huska

St. Petersburg

2639 Dr. MLK Jr. Street N.
St. Petersburg, Florida 33704

Tampa

1514 ½ East 8th Avenue, 2nd Floor
Tampa, Florida 33605

Sarasota

1800 Second Street, Suite 970
Sarasota, Florida 34236

Orlando

790 Kingspointe Parkway, Suite 8
Orlando, Florida 32819

Phone (727) 822-8886

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nglover@robbinsequitas.com

1 Admitted in Florida
2 Admitted in Colorado
3 LL.M. in International Law and Business
4 Admitted in New York
5 Admitted in Georgia
6 Not admitted in Florida
7 Certified Public Accountant

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M & T Financial Group, 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 J. Janney, Esquire
(Name of Person)

Robbins Equitas, P.A.
(Firm/Company)

2639 Dr. MLK Jr. St. North
(Address)

St. Petersburg, FL 33704
(City/State and Zip Code)

For further information concerning this matter, please call:

Oliver J. Janney, Esq. at (727) 822-8896
(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

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TALLAHASSEE, FLORIDA

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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.

1. Name of the limited liability company: M & T Financial Group, LLC

2. (a) Principal office address of limited liability company: 805 Sweetwater Club Blvd.
(Note: **MUST BE STREET ADDRESS**) Longwood, FL 32779

(b) Mailing address of limited liability company: 805 Sweetwater Club Blvd.
(Note: **MAY BE POST OFFICE BOX**) Longwood, FL 32779

04/22/2008
3. Date of filing/registration in Florida

L08000040222
4. Document number

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

Registered Agent: Corporation Service Company

Registered Office Address: 1201 Hays Street
Tallahassee, FL 32301

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

NEW Registered Agent: Robbins Equitas, P.A.

NEW Registered Office Address: 2639 Dr. MLK Jr. St. North
(**MUST BE FLORIDA STREET ADDRESS**) St. Petersburg
FL 33704

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.

Michael Huska
(Signature of a member or authorized representative of a member)

MICHAEL HUSKA
(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.

Robbins
(Signature of Registered Agent)

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

FILED
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE