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(Requestor's Name)									
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(Business Entity Name)									
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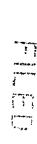


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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MDI Sawgrass Properties 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:

Karen L. Still

Name of Person

MDI Sawgrass Properties LLC

Firm/Company

PO Box 658

Address

Ponte Vedra Beach, FL 32004

City/State and Zip Code

kstill@syncworks.com

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

For further information concerning this matter, please call:

Karen L. Still

₃₁,904

280-1235

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

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.	Nar	Name of the limited liability company: MDI Sawgrass Properties LLC						
2.	(a)	Principal office address of limited liability (Note: MUST BE STREET ADDRESS)	company:	6 South Roscoe Blvd. Ponte Vedra Beach, Fl. 32082				
	(b)	Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	ıy:	PO Box 658 Ponte Vedra Beach, FL 32004				
	ly 1, 2			L08000064087				
3.	Dat	te of filing/registration in Florida	2	4. Document number				
5.	(a)	Registered Agent and Registered Office sh	own on t	he records of the Florida	Dept. of	State:		
		Registered Agent:		Karen L. Stilt				
		Registered Office Address:	3107 Sawgrass Village Circle		<u> </u>			
				Ponte Vedra Beach, FL 32082		<u> </u>	**************************************	
					7.5.7	ယ	F# blace	
	(b)	Enter name of NEW Registered Agent an	d/or <u>NEV</u>	V Registered Office add	lress:		اد مانتماری و از مانت	
		NEW Registered Agent:					- f	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	7 00)	6 South Roscoe Blvd. Ponte Vedra Beach, FL 32082	10 25 32 25 32 25	<u>5</u>		
		MUSI BE FLURIDA SIREEI ADDRE	<u> </u>	10/10/40/42/2001/, 10/2002	,F	L		
ar lia th th	onfir id thabilities e me le op	limited liability company is not organized us med that after the change or changes are made business office of the registered agent will to the company, it is hereby confirmed that the compens of the limited liability company or as the company of the limited liability company or as the compensation of the limited liability company or as the compensation of the limited liability company or as the compensation of the limited liability company or as the compensation of the limited liability company or as the compensation of the limited liability company or as the compensation of the limited liability company or as the compensation of the limited liability company or as the compensation of the limited liability company or as the compensation of the limited liability company or as the compensation of the limited liability c	de, the Fl l be identi change(s) s otherwis	orida street address of th cal. Or, in the case of a was/were authorized by	c register Florida l an affirm	red offi imited native v	ote of	
P		or typed name of signee by accept the appointment as registered agy with the provisions of all statutes relative am familiar with and accept the obligations of this document is being fiss, I hereby confirm that the limited liability	ent and a to the pro of my po led to me company	- gree to act in this capaci per and complete perfor sition as registered agen rely reflect a change in to has been notified in wri	ty. I furt mance o t as prov he regist ting of th	her agi f my du ided fo ered of iis chai	ree to ities, r in fice nge.	
s	ignati	ure of Registered Agent						

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