L09000013254

(Requestor's Name)		
(Address)		
(
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		

Special Instructions to Filing Officer:

A. LUNT

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SECRETARY OF STATE
FAIL PARASSEE: FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Modern Mechanix, 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:			
Enc Wallace Name of Person Region Re			
Modern Mechanix LLC			
S291 6Loth Street N			
Pinellas Park, F2 33781 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Eric Wallace at (727) 439-1208 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 \$\times \text{S55 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. Name of the limited liability company: Morlen	n Mechanix, LLC.	
2. (a) Principal office address of limited liability compan	y;	
(Note: MUST BE STREET ADDRESS)	6650 Treeland Ave, SteC Largo 1923773	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	6050 Treeland Ave Stell Largo FL 33773	
3. Date of filing/registration in Florida	<u>L0900013254</u> 4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	wallace Eric L.	
Registered Office Address:	Ides Treeland Ave. W. Suite C Largo IFL 53773	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8291 Woth Street N Pinellas Park, FL 33781	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 508, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.	s) was/were authorized by an affirmative vote rwise provided in the articles of organization y.	
Signature of Registered Agent	***	

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