L09000072732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
09 SEP 16 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 10, 2009

JOSE L TORRES
MTHAAKON ART & DESIGN LLC
2434 FOXHEAD WAY
CLEARWATER, FL 33759

SUBJECT: MTHAAKON ART AND DESIGN LLC
Ref. Number: L09000072732

We have received your document for MTHAAKON ART AND DESIGN LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 409A00029959

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MTHaaKon Art & Design 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:

Jose L. Torres
Name of Person

MTHaaKon Art & Design LLC
Firm/Company

2434 Foxhead Wpy
Address

Clearwater, FL 33759
City/State and Zip Code

jtorre2007@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jose L. Torres at (727) 453-8651
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 (5/08)

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: MT HaaKon Art & Design LLC

2. (a) Principal office address of limited liability company: 2434 Foxhead Way
Clearwater, FL 33759

☑ ***(Note: MUST BE STREET ADDRESS)***

(b) Mailing address of limited liability company: SAME AS ABOVE

☑ ***(Note: MAY BE POST OFFICE BOX)***

7/29/2009
3. Date of filing/registration in Florida

L09000072732
4. Document number

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

Registered Agent: UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address: 13302 WINDING OAKS BLVD. A-100
TAMPA, FL 33612 US

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TALLAHASSEE, FLORIDA

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

NEW Registered Agent: Jose L. Torres

NEW Registered Office Address: 2434 Foxhead Way
(MUST BE FLORIDA STREET ADDRESS) Clearwater, FL 33759, FL

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.

Signature of a member or authorized representative of a member

Jose L. Torres
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.

Signature of Registered Agent

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

INHS18 (05/08)