

L10000 065 53

(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:

Office Use Only



100334400401

10/03/19--01010--023 **25

2019 OCT 1 - 3 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

OCT 21 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MVP Group Home I, 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:

Catherine Cason

Name of Person

MVP Group Home I

Firm/Company

701 San Jose Rd

Address

St. Augustine, FL 32086

City/State and Zip Code

mvp.ccason@gmail.com

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

For further information concerning this matter, please call:

Catherine Cason

at (904)

669-8446

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
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 Florida.

1. Name of the limited liability company: MVP Group Home I
2. (a) 701 San Jose Rd, St. Augustine, FL 32086
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 701 San Jose Rd, St. Augustine, FL
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3. 5/8/12 Date of filing/registration in Florida
4. 6/8/10 Document number
5. (a) L10000065532

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Donald Wallis

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

780 N Ponce De Leon Blvd

St. Augustine, FL 32084

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

Catherine Cason

NEW Registered Office Address:

701 San Jose Rd

St. Augustine, FL 32086

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.

Catherine Cason

Signature of a member or authorized representative of a member

Catherine Cason

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 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 605, 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.

Catherine Cason

Signature of Registered Agent

2019 OCT -3 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA