10000089187

(Re	equestor's Name)						
(Ad	ldress)						
(Address)							
(Cil	ty/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
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K.S.ALY EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: MLD 3, 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:					
Haroon Khawaja					
Name of Person					
MLD 3, LLC					
Firm/Company					
PO Box 691777					
Address					
Orlando, FL 32869-1777					
City/State and Zip Code					
haroon@mymaverick.net					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Rumit Nana 407 917-9200					
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:					
■ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR 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 State of Florida.

I. Na	me of the limited liability company: MLD 3, LLC						
2. (a)	6985 Sea Harbor Drive	(h	PO Box 691777				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*		Mailing address of lin (Note: MAY BE P			
	Orlando, FL 32821		Orlando	, FL 32869-177	77		
	08/25/2010		L100000	089187			
3.	Date of filing/registration in Florida	4.		Document numb	er		
5. (a)	Haroon Khawaja						
J. (u)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of Stat	– e:			
	1203 NE 5th Street						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2	_	Ž:	2011	
	Crystal River, FI	34429		-	LAHAS	2016 MAR 2	11
(b)	Enter name of NEW Registered Agent and/or NEW Registered			_	LTARY OF STATE HASSEE, FLORIDA	P	111
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	dress:		FLE	انگ انگ	U
	6985 Sea Harbor Drive				TE	PM 4: 05	
	NEW Registered Office Address:	<u>. </u>		_	r		
	Orlando , FI	_L 32821		_			
the cha agent v was/we	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reginate in the first facility of the limited and the l	stered offic ompany, it i sited liabilit	e and the business is hereby confirme ty company or as o	s office of ed that the	the reg	gistered e(s)
	And Il	Rui	mit Nana				
	ture of a member or authorized representative of a member			Printed or typed nar	_		
I here provisi the obl to mere notified	by agcept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	gree to act e perform ed for in (hereby c	t in this cap ance of my Chapter 60. onfirm that	pacity. I further a duties, and I am f 5, F.S. Or, if this the limited liabili	gree to co familiar w document ity compai	mply w ith and is bein ny has i	ith the accept g filed been
Signatu	ire of Registered Agent						