L10000108004

| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| (Cit | ty/State/Zip/Phone | ⇒ #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

J. BRYAN

JUN 12 2012

EXAMINER



COVER LETTER

| | egistration Section ivision of Corporations | | | | | | |
|-------------------|--|-----------------|------------------|---|----------------------|--|--------|
| SUBJEC | | | | Orlando | | | |
| | Name of | Limite | i Liabi | lity Compa | ny | | |
| Dear Sir | or Madam: | | | | | | |
| The encle | osed Registered Agent/Registered | Office | Change | and fee(s) | are submitted f | or filing. | |
| Please re | turn all correspondence concerning | this m | atter to | the follow | ving: | | |
| | Sarah H. Hayford, Esq. | | | | | | |
| | Name of Person | | | | | 3 | |
| | DeLoach Bryant, P.L. Firm/Company | | | _ | | SECRETARY OF STATE TALLAHASSEE, FLORID | THE |
| | 1206 East Ridgewood Stre | et | | _ | | RY OF S | , IT C |
| | Orlando, Florida 32803 City/State and Zip Code | | | | | ORIDA | : 30 |
| E-mai | sarah@deloachbryant.cor | n notificati | on) | _ | | | |
| For furth | er information concerning this mat | ter, ple | ase cal | l : | | | |
| | Sarah H. Hayford | at (_ | 407 |) | 740-5005 | j | |
| | Name of Person | | | Area Code & | Daytime Telephone | Number | |
| R D C 20 | TREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301 | | Re Div P.C | AILING AI gistration Se vision of Co D. Box 6327 lahassee, Fl | ection rporations | | |
| E | nclosed is a check for the followi | ng am | ount: | | | | |
| Г | \$25 Filing Fee | - | , | 55 Filing F | ee & Certified C | Сору | |

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.

| Name of the limited liability company: | M Properties of Orlando, LLC | | | | |
|---|---|---|--|--|--|
| 2. (a) Principal office address of limited liability compa | ny: 7249 Lake Drive | 7249 Lake Drive | | | |
| (Note: MUST BE STREET ADDRESS) | Orlando, Florida 32809 | | | | |
| (b) Mailing address of limited liability company: | 7249 Lake Drive | | | | |
| (Note: MAY BE POST OFFICE BOX) | Orlando, Florida 32809 | _ | | | |
| October 15, 2010 | L100001080004 | 13 T | | | |
| 3. Date of filing/registration in Florida | 4. Document number | , – | | | |
| 5. (a) Registered Agent and Registered Office shown o | n the records of the Florida Dept. of Sta | E 2 | | | |
| Registered Agent: | John E. Muroski | بن را المرازي | | | |
| Registered Office Address: | 7249 Lake Drive Orlando, Florida 32809 | 26 CT | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: | EW Registered Office address: Sarah H. Hayford, Esq. | | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | DeLoach Bryant, P.L. 1206 East Ridgewood Street Orlando ,FL32 | 803 | | | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | Florida street address of the registered of | office | | | |
| Printed or typed name of signee | | | | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to had address. I hereby confirm that the limited liability compand the had been supported by the company of the confirm that the limited liability company. | agree to act in this capacity. I further to proper and complete performance of my position as registered agent as provided merely reflect a change in the registered in writing of this city has been notified in writing of this city. | agree to duties, for in office hänge. | | | |
| Signature of Registered Agent | | | | | |

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