

L1000021569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

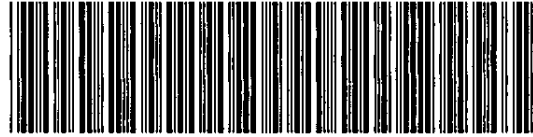
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 DEC 14 AM 11:32

DEC 17 2012  
T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MD2K ENTERPRISES 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:

DARRELL SHELTON

Name of Person

Firm/Company

15757 PINES BLVD 388

Address

PEMBROKE PINES, FL 33027

City/State and Zip Code

DSHELTON@MARKETLEADSOLUTIONS.COM

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

For further information concerning this matter, please call:

DARRELL SHELTON at ( 954 ) 3093430

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 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: MD2K ENTERPRISES LLC

2. (a) Principal office address of limited liability company: 13832 NW 10TH CT  
**(Note: MUST BE STREET ADDRESS)** PEMBROKE PINES FL 33028

(b) Mailing address of limited liability company: 15757 PINES BLVD 388  
**(Note: MAY BE POST OFFICE BOX)** PEMBROKE PINES FL 33027

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3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: STEPHANIE JONES

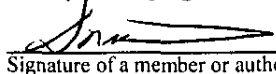
Registered Office Address: 15757 PINES BLVD 388  
PEMBROKE PINES FL 33027

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

**NEW** Registered Agent: DARRELL SHELTON

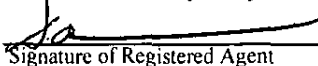
**NEW** Registered Office Address: 15757 PINES BLVD 388  
**(MUST BE FLORIDA STREET ADDRESS)** PEMBROKE PINES FL 33027  
, FL

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

DARRELL SHELTON  
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**

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