## #L/1000022478

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Eddiness Emily Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special instructions to Filing Officer:						
,						

Office Use Only



000196037290

02/28/11--01014--019 \*\*25.00



K. SALY EXAMINER MAR 2 2011

## COVER LETTER

TO:	Registration Section Division of Corporations			•
SUB.	JECT:	LC		
	Name of	Limited	l Liabili	ity Company
Dear	Sir or Madam:			
The e	enclosed Registered Agent/Registered	Office (	Change	and fee(s) are submitted for filing.
Pleas	e return all correspondence concernin	g this m	atter to	the following:
	Mark Brenner			_
	Name of Person			
	MBPT, LLC Firm/Company			_
	rirm/Company			
	1173 Glenmoor Ct			_
	Clearwater, FL 337	7		_
	City/State and Zip Code			
	markbrenner30@gmail.co	om t notification	o <b>n</b> )	
For f	urther information concerning this ma	itter, ple	ase call	:
	Mark Brenner	at (_		)798-5973
	Name of Person			Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:			ILING ADDRESS:
	Registration Section		_	istration Section
	Division of Corporations			ision of Corporations
	Clifton Building			. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301		Tall	ahassee, Florida 32314
	Enclosed is a check for the follow	ing amo	ount:	
	\$25 Filing Fee		<b>\$5</b>	5 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.

· ·			
Name of the limited liability company:	MBPT, LLC		
2. (a) Principal office address of limited liability compa	ny:		
(Note: MUST BE STREET ADDRESS)	1173 Glenmoor Ct Clearwater, FL 33764		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	1173 Glenmoor Ct Clearwater, FL 33764		
2/20/11	L11000022478		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown of Registered Agent:	n the records of the Florida Dept. of State:  No Change to agent		
Registered Office Address:	3326 Whispering Dr, N Largo, FL 33771		
<ul><li><u>NEW</u> Registered Agent:</li><li><u>NEW</u> Registered Office Address:</li></ul>	1173 Glenmoor Ct.		
(MUST BE FLORIDA STREET ADDRESS)			
	Clearwater ,FL 33764		
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 identiability 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.	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization 1y.		
Mul Diens	_		
Mignature of a member or authorized representative of a member			
Mark Brenner 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 p and I am familiar with and accept the obligations of my p Chapter 108, F.S. Or, if this document is being filed to m address I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.		

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

Signature of Registered Agent