U1000095388

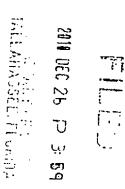
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

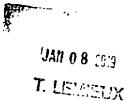
Office Use Only



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COVER LETTER

	gistration Section vision of Corporations	
SUBJE <i>C</i> I	r: MC Hospitality Name of L	
	Name of L	imited Liability Company
Dear Sir o	r Madam:	
The enclos	sed Registered Agent/Registered Office Cha	ange and fec(s) are submitted for filing.
Please retu	arn all correspondence concerning this matt	er to the following:
	1 & A corporate Service Name of Person	eS
	Firm/Company	
	alal SW 3rd Avenue	7-11 Floor
	Midmi FL 33/29 City/State and Zip Code	
	City/State and Zip Code	
	into 2 mokitchenmiami.	com
E-ma	ail address: (to be used for future annual re	port notification)
For furthe	r information concerning this matter, please	call:
7.	n Isriul au	305, 491-0725
	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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
E	nclosed is a check for the following amou	int:
ے	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
1NHS18 (2	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.

r <i>ioria</i> a	me of the limited liability company: MC Hospitality LC
	(b)
2. (a)	Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4141 NE 2nd Ave, Suite 101A (same as principal of
	4141 NE 2 nd Ave, Suite 101A (same 45 principal a) Midmi, FL 33/37
	8/19/2011 L11000095388
3.	Date of filing/registration in Florida 4. Document number
5. (a)	collid Accounting
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	AGENT DE PLOBINA CTREET ADRIECCO
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	240 N, BISCAYNE KIVET DI
(b)	I PA corporate Services, Inc Enter name of NEW Registered Agent and/or NEW Registered Office address:
1-7	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	2121 SW 3rd Avenue
	7th Floor
	M(dmi
the cha agent v was/wa the arti	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization of the operating agreement of the limited liability company. Brand Coe Privide or typed name of signee by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the limits of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position to registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed left writing of this change.
4	are of Registered Agent
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