110010934

| (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

G. MCLEOD

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EXAMINER



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SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|---|--|--|
| A401 | 05.00.11.0 | | |
| | SF (V) LLC d Liability Company | | |
| Name of Limited | d 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 m | natter to the following: | | |
| | | | |
| CRAIG JAFFA | | | |
| Name of Person | | | |
| | | | |
| MCISF (V) LLC | | | |
| Firm/Company | | | |
| | | | |
| 2717 NE 21ST COURT | | | |
| Address | | | |
| | | | |
| FORT LAUDERDALE, FL 33305 | | | |
| City/State and Zip Code | | | |
| CRAIGJAFFA@YAHOO.COM E-mail address: (to be used for future annual report notification) | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| CRAIG JAFFA at (| 954) 806 5432 | | |
| Name of Person | Area Code & Daytime Telephone Number | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | |
| Registration Section | Registration Section | | |
| Division of Corporations | Division of Corporations | | |
| Clifton Building | P.O. Box 6327 | | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | | |
| Tallahassee, Florida 32301 | | | |
| 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.

| Name of the limited liability company: | MCISF (V) LLC | | |
|---|---|--|--|
| 2. (a) Principal office address of limited liability company | 2717 NE 21ST COURT | | |
| (Note: MUST BE STREET ADDRESS) | FORT LAUDERDALE, FL 33305 | | |
| (b) Mailing address of limited liability company: | 2717 NE 21ST CT | | |
| (Note: MAY BE POST OFFICE BOX) | FORT LAUDERDALE, FL 33305 | | |
| 09/27/2011 2. Data of filing/positration in Florida | L11000110934 4. Document number | | |
| 3. Date of filing/registration in Florida | 4. Document number | | |
| 5. (a) Registered Agent and Registered Office shown on t | the records of the Florida Dept. of State: | | |
| Registered Agent: | CORPORATION SERVICE COMPANY | | |
| Registered Office Address: | TALLAHASSEE FL 32301 | | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | |
| NEW Registered Agent: | CRAIG JAFFA PA | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 2717 NE 21ST COURT FORT LAUDERDALE FL33305 | | |
| 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 | | | |
| CRAIG JAFFA | _ | | |
| Printed or typed name of signee | _ | | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company | gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas 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