## L1000142504

(Requestor's Name) (Address)	0002586
(Address)	9003586
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL	01/25/2101
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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## **COVER LETTER**

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INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: MZ Southeast LCC Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Matthew Lalentine Name of Person	
M2 SOUTHORST LLC Firm/Company	
17007 Tromont ST Address	
FOIT MYNS FC 33908 City/State and Zip Code	<del></del>
E-mail address: (to be used for future annual repo	Thost, Cem rt notification)
For further information concerning this matter, please c	all:
Mattlew Valentine at (	239) 565-9676 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	t:
\$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 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.

1. Na	nme of the limited liability company: <u>M2</u> 50	uthous	ST LLC	
		(b) _		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	("/ -	_	limited liability company:  POST OFFICE BOX)
	17007 TREMONT ST	_	Po Bex 60	2062
	FOIT MYELS FO 33908	<del>-</del>	FOIT MYOIS	FZ 33906
	12/16/2011		L1100014250	
3.	Date of filing/registration in Florida	4.	Document num	iber
5. (a)	BUCKLEY, J. Patrick 1/1			
	Registered Agent and Registered Office shown on the records of	the Florida De	pt, of State:	202
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<del>_</del>	7021 JAN
	•	1DDRESSI		% % 57
	1404 Dean STreet #300			
	FOIT MYEIS FL	<u>, 5590</u>		PH II:
(1.)	Matthew Halantine			: ;- &3
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	<u></u> 55 <u>5</u> :	<b>4</b> -
			. <u></u>	
	NEW Registered Office Address:			
	17007 Tremont ST		<del></del>	
	FORTMYPTS FI	3390	8	
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered on ability comp of the limited limited liab	office and the business of any, it is hereby confirm deliability company or a sility company.	ffice of the registered ned that the change(s) s otherwise provided in
-		May	WW VALONTARE Printed or typed r	
	turc of a member or authorized representative of a member			
provisi the obl to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ee to act in performanc I for in Cha nereby confi	this capacity. I further to e of my duties, and I am pter 605, F.S. Or, if thi rm that the limited liabi	agree to comply with the familiar with and accept a document is being filed lity company has been
Signatu	re of Kegistered Agent			