L12000070474

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	·	

Office Use Only

JUN 1 2 2013 B. KOHR



600248296106

05/28/13--01010--025 **35.00



COVER LETTER

Division of Corporations
SUBJECT: MCM HOLDINGS INTERNATIONAL, LLC Name of Corporation
DOCUMENT NUMBER: L 12 0000 30474
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARIA MOZZICATO Name of Contact Person
MCM HOLDINGS JUTER NATIONAL, LLCO
1531 WEST LEMON ST, UNIT 5408 Address
TAMPA FL 3360 6 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIA MOZLICATO at (239) 405-5244 Name of Contact Person Area Code & Daytime Telephone Number
Traine of Contact Leison Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, oz.617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORID A in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MCM HOLDINGS INTERNATIONAL, LLC
2. The principal office address: 8206 SOLANO BAY LOOP, ApT 431
TAMPA , FL 33635
3. The mailing address (if different): 1531 WEST LEMON ST, UNIT 5408
TAMPA FL 33606
4. Date of incorporation/qualification: 3/2/2012 Document number: L12 0000 30474
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
8206 SOLANO BAY LOOP
ApT. 431
TAMPA, FL 33635
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
1531 WEST LEMON ST
UNIT 5408 P.O. Box NOT acceptable
TAMPA, FL 33606.
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director of cafe Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Regressive Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *