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(((H17000012534 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

: (702)866-2500

Fax Number

: (702)866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE MCG HOMES, LLC

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dH SHIMMONS JAN 17 2017

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: MCG HOMES, LLC	
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and frace) are submitted for filing
The enclosed registered Agenta registered Office	condige and rects) me submitted to: 111119
Please return all correspondence concerning this	matter to the following:
Jackle DeFilippis	
Name of Person	
InCorp Services, Inc.	
Firm/Company	
3773 Howard Hughes Pkwy Suite 500S	
Address	
Las Vegas, NV 89169-6014	
City/State and Zip Code	
Documents@incorp.com	
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter, pl	lease call:
Jackie DeFilippis for InCorp Services, Inc.	at (800) 248-2677
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 3230!	
Enclosed is a check for the following an	nount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
IHS18 (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.

. (a)	86752 Riverwood Drive	(b) 120	04 Country Club Drive
	Principal office address of limited tiablity company: (Note: MUST BE STREET ADDRESS)		Mailing sidness of limited liability company: (Note: MAY BE POST OFFICE ROX)
	Yules, FL 32097	- Wal	ke Forest, NC 27587
	04/30/2012	L120	00058025
	Date of filing/registration in Florida	4.	Document number
. (a)	GOSSETT, SEAN G	•	
. (6)	Registered Agent and Registered Office shown on the records of the	e Florida Dept. o	of State:
	96027 Theran Court		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	of State:
	Formation Donati	22024	
	Fernandina Beach , FL_	32034	
			77.
41.5	InCom Senices, inc		1, +
(6)	InCorp Services, Inc. Enter name of NEW Replacered Agent and/or NEW Registered C 17888 67th Court North	Mice address:	of State:
(6)	Enter name of <u>NEW Replacered Agent</u> and/or <u>NEW Registered C</u>	Mice address:	
(6)	Enter name of <u>NEW Replatered Asset</u> and/or <u>NEW Replatered C</u>	Office address:	
.i	Enter name of NEW Replace and Agent and/or NEW Registered C 17888 67th Court North NEW Registered Office Address: Loxahatchee FL	33470	- <u>-</u>
he lim chang nt wil s/were article	Enter name of NEW Registered Agent and/or NEW Registered C 17888 67th Court North NEW Registered Office Address: Loxahatchee FL itted liability company is not organized under the laws or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the of organization or the operating agreement of the liability of the identical of the liability of the operating agreement of the liability of the oper	33470 of the State of the registered colling company the limited ha	of Florida, it is hereby confirmed that after office and the business office of the register, it is hereby confirmed that the change(s) ibility company or as otherwise provided in a company.
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he lim chang nt wil s/were anticle ereby (visions plerely) fied y	Enter name of NEW Registered Agent and/or NEW Registered C 17888 67th Court North NEW Registered Office Address: Loxahatchee FL itted liability company is not organized under the laws are or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liability and affirmative vote of the members of a soft organization or the operating agreement of the limited in the country of the appointment as registered agent and agree at long of my position as registered agent as provided freelect a change in the registered office address, I her writing of all change in the registered office address, I her writing of all change in the registered office address, I her writing of all change in the registered office address, I her land of the change in the registered office address, I her writing of all change in the registered office address, I her writing of all change in the registered office address, I her	33470 of the State of registered cility company the limited liability Sean Gos to act in this informance of or in Chapter reby confirm it	of Florida, it is hereby confirmed that after office and the business office of the register, it is hereby confirmed that the change(s) ibility company or as otherwise provided in company. Bett Frimed or typed name of signer
he lim chang nt wil s/were anticle ereby (visions plerely) fied y	Enter name of NEW Registered Agent and/or NEW Registered Control North 17888 67th Court North NEW Registered Office Address: Loxahatchee FL_ ilted liability company is not organized under the laws are or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liab authorized by an affirmative vote of the members of a suthorized by an affirmative vote of the members of organization or the operating agreement of the limited in the control of the limited in the proper and complete personal statutes relative to the proper and complete personal of my position as registered agent and agree at long of my position as registered agent as provided for the personal complete personal control of the proper and complete personal control of the proper and complete personal control of the personal control of the proper and complete personal control of the proper and complete personal control of the proper and complete personal control of the personal control of the proper and complete personal control of the personal control of the proper and complete personal control of the personal control of the proper and complete personal control of the personal contr	33470 of the State of the registered of ility company the limited liability Sean Gos to act in this informance of or in Chapter reby confirm the ilippis on be	of Florida, it is hereby confirmed that after office and the business office of the register, it is hereby confirmed that the change(s) ability company or as otherwise provided in company. sett Primed or typed name of signer capacity. I further agree to comply with the my duties, and I am familiar with and acceptate that the limited liability company has been that the limited liability company has been that of InCorp Services, Inc.