## 11200018296

(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



800245457688

03/08/13--01015--023 \*\*25.00

2013 MAR -8 AM II: 55

## **COVER LETTER**

TO: Registration Section Division of Corporations Change of Registered Agent and Office address Name of Limited 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 matter to the following: Keith E. Coker Name of Person Myco Solutions, LLC Firm/Company 3025 10th St. W. Address Palmetto, FL 34221-3404 City/State and Zip Code dapizaman@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Keith E. Coker Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## 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.

1.	Nar	ne of the limited liability company:	Myco Solutions, LLC	
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	2033 Main Street, Ste. 600 Sarasota, FL 34237	2013 MAR, -8
	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	2033 Main Street, Ste. 600 Sarasota, FL 34237	-8 A
_		06/13/2012	L12000078296	17 12 12 12 12 12 12 12 12 12 12 12 12 12
٤.	Dat	e of filing/registration in Florida 4.	Document number	
5.	(a)	Registered Agent and Registered Office shown on th	e records of the Florida Dept.	of State:
		Registered Agent:	Troy H. Myers, Jr.	
		Registered Office Address:	2033 Main Street, Ste. 600 Sarasota, FL 34237	
		-	38183018, 1 £ 34237	
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Keith E. Coker	
		NEW Registered Office Address:	Keith E. Coker	
<u>(MUST BE FL</u>		(MUST BE FLORIDA STREET ADDRESS)	3025 10th St. W. Palmetto	FL 34221-3404
		-	Palmetto	,FL_34221-3404
co an lia the	nfiri d the bilit e me e op	imited liability company is not organized under the land that after the change or changes are made, the Floe business office of the registered agent will be identicy company, it is hereby confirmed that the change(s) were the limited liability company or as otherwise erating agreement of the limited liability company.  The of a member or authorized representative of a member	rida street address of the registal. Or, in the case of a Florid	stered office a limited
Pr	inted	Keith CoKer or typed name of signee		
L co an Cl	here mpl (d 1 d hapt lares	by accept the appointment as registered agent and agy with the provisions of all statules relative to the propun familiar with and accept the obligations of my posier 608, F.S. Or, if this document is being filed to mere ss, I hereby confirm that the limited liability company is	ree to act in this capacity. If per and complete performanc tion as registered agent as pr dy reflect a change in the reg has been notified in writing o	urther agree to 2 of my duties, ovided for in istered office f this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent