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NOV 14 2012

COVER LETTER

MMNGAU, LLC 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: Jason S Weiss Name of Person Weiss Law Group, PA Firm/Company 12512 W. Atlantic Blvd. Address Coral Springs, FL 33071 City/State and Zip Code jason@jswlawyer.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Jason Weiss** 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

3.

TO:

Registration Section
Division of Corporations

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. Na	me of the limited liability company: MMNGAU, LLC		
2 (a)	Principal office address of limited liability company	12512 W. Atlantic Blvd.	
2. (u)	(Note: MUST BE STREET ADDRESS)	Coral Springs, FL 33071	三 王
(b)	Mailing address of limited liability company:	12512 W. Atlantic Blvd.	Section 1
(-)	(Note: MAY BE POST OFFICE BOX)	Coral Springs, FL 33071	The He
08/03/20	012	L12000100246	See See
3. Da	te of filing/registration in Florida	1. Document number	V
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida D	Dept. of State:
	Registered Agent:	Jason Weiss	
	Pagistared Office Address	9000 Stirling Bond	
	Registered Office Address:	9900 Stirring Road Suite 303	
		Cooper City, FL 33024	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent:	Weiss Law Group, PA	<u> </u>
NEW Registered Office Address:		12512 W. Atlantic Blvd.	
	(MUST BE FLORIDA STREET ADDRESS)	Coral Springs	FL 33071
confir and th	limited liability company is not organized under the larmed that after the change or changes are made, the Flore business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise perating agreement of the limited liability company.	orida street address of the cal. Or, in the case of a Fl	registered office orida limited
Signatu	re of a member or authorized representative of a member	•	
1/6	ASON 5 WEISS		
Printed	or typed name of signee	•	
I hero compi and I Chapi addre	eby accept the appointment as registered agent and as ly with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my pos ter 608, F.S. Or, if this document is being filed to mer ss, I hereby confirm that the limited liability company		I further agree to ance of my duties, as provided for in registered office ng of this change.
<u> </u>		WEISS	
>WD311	re of Registered Agent		

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