

L12000 162054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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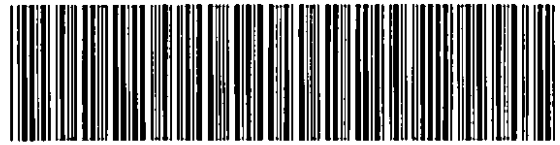
(Business Entity Name)

(Document Number)

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AUG 10 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MLC Renovations, 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:

Michael Calvert  
Name of Person

MLC Renovations, LLC  
Firm/Company

345 N. Fern Creek Ave  
Address

Orlando FL 32803  
City/State and Zip Code

Orlando Mike @ hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Calvert at ( 407 ) 702-4900  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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**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. Name of the limited liability company: MLC Renovations, LLC
2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- 345 N. Ferncreek Ave 345 N. Ferncreek Ave  
Orlando FL 32803 Orlando FL 32803
- 12/31/12 L 12000162054  
3. Date of filing/registration in Florida 4. Document number

5. (a) Michael Calvert  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: -----

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
345 N. Ferncreek Ave  
Orlando, FL 32803

- (b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:
- 345 N. Ferncreek Ave  
NEW Registered Office Address:

Orlando, FL 32803

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Michael Calvert  
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

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