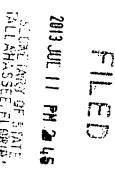
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(Re	equestor's Name)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MC Financial Solution Name of Limited Liability Co.		
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:	
Marcus Zorfos Name of Person	2013 JUL 11 PH	
MC Financial Solutions LC Firm/Company	SEE FLOR	
1921 Se Aneri 5+	The state of the s	
Pot Soint Lucie, FC 34983 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Mercus Zorfus at Mercus Area	985 1058 Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	NG ADDRESS: ation Section n of Corporations	
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 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited r to change its registered office or registered		
1. Name of the limited liability company:	nancial Solutions LLC		
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Port St Lucie, 122 34987		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
1-14-2013	213000007461		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	A. — — A		
Registered Agent:	Marcus Lortos		
Registered Office Address:	port St Lucie, FL 34983		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	N Registered Office address: Anthony P Mineo 152 Ne Jensen Beach Blud Jensen Beach FL 34195		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my portant I am familiar with and accept the obligations of my portant I hereby confirm that the limited liability company. Signature of Registered Agent	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			