

L13 0000 23720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

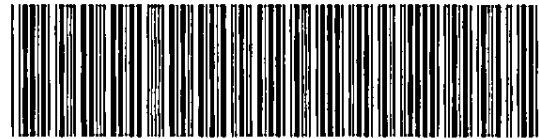
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800344248718

05/18/20--01006--023 **25.00

RECEIVED

MAY 18 2020

2020 MAY 18 PM 5:14

C GOLDEN

JUN - 5 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDM Consulting Group, 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:

Michelle D. McCann

Name of Person

MDM Consulting Group, LLC

Firm/Company

43 Sugarloaf Drive

Address

Sugarloaf Key, FL 33042

City/State and Zip Code

michellemccann180@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle D. McCann

at (305) 731-4795

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: MDM Consulting Group, LLC

2. (a) Michelle D. McCann (b) Michelle D. McCann

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

43 Sugarloaf Drive

43 Sugarloaf Drive

Sugarloaf Key, FL 33042

Sugarloaf Key, FL 33042

02/14/2013

L13000023720

3. Date of filing/registration in Florida

4. Document number

5. (a) Michelle D. McCann

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

180 Sugarloaf Drive

Sugarloaf Key, FL 33042

(b)

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

43 Sugarloaf Drive

Sugarloaf Key, FL 33042

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.

Michelle D. McCann
Signature of a member or authorized representative of a member

Michelle D. McCann
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.

Michelle D. McCann
Signature of Registered Agent