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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: M.L.F.G. LLC Name of Li | imited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Of | ffice Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning the | his matter to the following: |
| Robin E. Owens | |
| Name of Person | |
| R.E. Owens Investment Proper | rties, LLC |
| Firm/Company | |
| P.O. Box 691 | JAN 30 CRETARY CXBASS |
| Address | mo ro |
| Palm Beach, FL. 33480 | |
| City/State and Zip Code | |
| robin@reowens.com | |
| E-mail address: (to be used for future annual report no | tification) |
| For further information concerning this matter | r, please call: |
| Robin E. Owens | _{at (} 561 ₎ 249-2905 |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section Division of Corporations | Registration Section 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 | g amount: |
| ■ \$25 Filing Fee | □ \$55 Filing Fee & Certified Conv |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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 | ame of the limited liability company: MLF.G.LLC | | | | |
|---|--|---|--|--|--|
| 2. (a) | Principal office address of limited liability company: 7516 Westlake Dr. | | | | |
| • | (Note: MUST BE STREET ADDRESS) | West Palm Beach, FL. 33406 | | | |
| (b |) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 7516 Westlake Dr. West Palm Beach, FL. 33406 | | | |
| 03/11/2 | 013 | L13000036290 | | | |
| | ate of filing/registration in Florida | 4. Document number | | | |
| | | | | | |
| 5. (a | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | |
| | Registered Agent: | Business Filings Incorporated | | | |
| | Registered Office Address: | 515 E. Park Avenue | | | |
| | registered Office Address. | Tallahassee,Fl. 32301 | <i>></i> // ≧ | | |
| | | | Tal control | | |
| | | | | | |
| (h |) Enter name of NEW Registered Agent and/or N | IFW Dogistared Office ad | Idress with W person | | |
| (U | Enter name of NEW Registered Agent and/of I | IE W Registered Office ad | SE SE | | |
| | NEW Registered Agent: | Robin E. Owens | Tie to Mi | | |
| | NEW D. LA. LOCK ALL | 0.00 | 5 N | | |
| | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 619 Palm St. | # 2 · · · · · · | | |
| | [MUST BE FLORIDA STREET ADDRESS] | West Palm Beach | F 33401 | | |
| confinant the m | limited liability company is not organized under the rmed that after the change or changes are made, the business office of the registered agent will be identify company, it is hereby confirmed that the change tembers of the limited liability company or as other perating agreement of the limited liability company | e Florida street address of the case of a contical. Or, in the case of a contical was/were authorized by wise provided in the article | he registered office A Florida limited | | |
| Robin I | E. Owens State Space (State) State | | | | |
| Signati | are of a member or authorized representative of a member | | | | |
| Robin E | E. Owens | | | | |
| | for typed name of signee | | | | |
| I her comp and I Chap addre | eby accept the appointment as registered agent an ly with the provisions of all statutes relative to the am familiar with and accept the obligations of my ter 605, F.S. Or, if this document is being filed to ess, I hereby confirm that the limited liability comp | d agree to act in this capac proper and complete perfo position as registered ager merely reflect a change in t any has been notified in wr | ity. I further agree to rmance of my duties, nt as provided for in the registered office iting of this change. | | |
| | Public speed to Nation & Duster So performed chains and all Grown investment framework of its an understandance and note that you are all of the property of | | | | |
| Signat | ure of Registered Agent | | | | |

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