

L13000044048

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : THE FARR LAW FIRM
Account Number : 103654001666
Phone : (941) 639-1158
Fax Number : (941) 639-0028

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: fiveftzip1@yahoo.ca

**LLC REGISTERED AGENT CHANGE
MAFS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAFS, LLC, a Florida limited liability company
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:

Gary A. Kahle

Name of Person

Farr Law Firm

Firm/Company

99 Nesbit Street

Address

Punta Gorda, Florida 33950

City/State and Zip Code

fiveftzip1@yahoo.ca

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

For further information concerning this matter, please call:

Pam Foulk

Name of Person

at (941) 505-9969

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

INHS18 (5/08)

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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 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. Name of the limited liability company: MAFS, LLC, a Florida limited liability company

2. (a) Principal office address of limited liability company: 1426 Brunel Road
Huntsville, Ontario P1H 2J3
CANADA

(b) Mailing address of limited liability company: 1426 Brunel Road
Huntsville, Ontario P1H 2J3
CANADA

March 25, 2013

3. Date of filing/registration in Florida

L13000044048

4. Document number

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

Registered Agent: GARY A. KAHLE

Registered Office Address: Farr Law Firm
99 Nesbit Street
Punta Gorda, Florida 33960

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: KAREN SEATON

NEW Registered Office Address: 17124 Seashore Avenue
(MUST BE FLORIDA STREET ADDRESS) Port Charlotte, FL 33948

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

Gary A. Kahle

Printed or typed name of signer

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 608, 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

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

FILING FEE: \$25.00

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