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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

Division of Corporations					
SUBJECT: Stewart and havine Mardenald LLC Name of Limited Liability Company					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
Stewart Macdena (4) Name of Person					
Stewart and havrie Mac	derald LCC	THE NEW YORK			
Address Address					
Sthe testors to 33702 City/State and Zip Code					
Stewart a macdonald Franciacine					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person Area Code & Daytime Telephone Number					
Name of Person					
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 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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. N		he Macdonald CCC
2. (a)	275 96 MeNHY St. Peksby (b)	
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 37702	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida 4.	1 3000 60 3 1 6 Document number
		Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of S	
		rate.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	Comp.
	Sik A	G
	1 Angs F1 ,FL 336/2	
(b)	Stewart Macdonald	in the second
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	الله الله الله الله الله الله الله الله
		r
	NEW Registered Office Address:	_
		
the chagent was/w	limited liability company is not organized under the laws of the State of ange or changes are made, the Florida street address of the registered of will be identical. Or, in the case of a Florida limited liability company, are authorized by an affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability of the state of	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
	Stowart Mechand 54	Printed or typed name of signee
I here provis the ob to mer notifie	by accept the appointment as registered agent and agree to act in this cions of all statutes relative to the proper and complete performance of n ligations of my position as registered agent as provided for in Chapter telly reflect a change in the registered office address, I hereby confirm the din writing of this change.	apacity. I further agree to comply with the iy duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Signati	ric of Registered Agent	