

U13 600 119307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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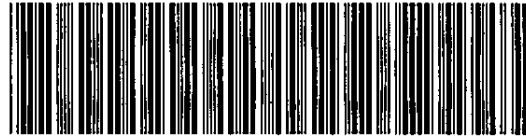
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**EMERITUS**  
ATTORNEYS AT LAW

November 4, 2013

**SENT VIA REGULAR U.S. MAIL**

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

**RE: Registered Agent Change  
Mubal Investments, LLC**

Dear Registration Section:

Please find enclosed the following documents concerning our client, Mubal Investments, LLC:

- 1) Cover Letter regarding Registered Agent/Registered Office Change;
- 2) Statement of Change of Registered Agent or Register Agent or Both for Limited Liability Company; and
- 3) Filing fee payment via check in the amount of \$25.00.

If you have any questions, please feel free to contact me at (407) 477-4459, Extension 2006 or via email at [christine@emerituslaw.com](mailto:christine@emerituslaw.com). Thank you.

Very truly yours,

Christine M. Berk, Esq.  
On behalf of William C. Voight II  
EMERITUS, P.A.

Enclosures

TRANSFER OFFICE DANA WILLIAM

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: MUBAL INVESTMENTS, 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:

WILLIAM C. VOIGHT II, ESQ.

Name of Person

EMERITUS, P.A.

Firm/Company

7680 Universal Blvd., Suite 100

Address

Orlando, FL 32819

City/State and Zip Code

william@emerituslaw.com

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

For further information concerning this matter, please call:

William C. Voight II

Name of Person

at ( 407 ) 435-0624

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

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TALLAHASSEE, FLORIDA

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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: MUBAL INVESTMENTS, LLC
2. (a) Principal office address of limited liability company: 8815 Commodity Circle  
6  
Orlando, FL 32819
- (b) Mailing address of limited liability company: 8815 Commodity Circle  
6  
Orlando, FL 32819

August 22, 2013

L13000119307

3. Date 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:

Larson Accounting and Consulting Svc

Registered Office Address:

8815 Commodity Circle

6

Orlando, FL 32819

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

NEW Registered Agent:

Ementus, P.A.

NEW Registered Office Address:

1580 Universal Blvd.

(MUST BE FLORIDA STREET ADDRESS)

Suite 100

Orlando

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TALLAHASSEE, FLORIDA  
FL 32819

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

JULIO DIAZ SORIANO  
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 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

IN11818 (05/08)