L17000136455

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Nume)	
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(Document Number)	
Certified Copies Certificates of Status	
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12/18/13--01014--005 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MªC Signature UC dba: Comfort Name of Limited Liability Company Zove shoes
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:
Olga D. Higgins Name of Person
M+C. Signature LLC 1474 W. Granada Ste 475 Pose 730284 Address
City/State and Zip Code Higgins o log q (ca) q mail (o m E-mail address: (to be used for future arantal report notification)
For further information concerning this matter, please call:
Gina Mewes at (380) 320-5347 Name of Person 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 & Certified Copy

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

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited r to change its registered office or registered	
1. Name of the limited liability company: Mac	Signature LLC and comfort snoes	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	1474 W Granada RIVN, 0000000 FL 37.174	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1474 W. Graziada Blud. 475 Ormand, +1 32173	
3. Date of filing/registration in Florida	L13000136459	
5. Date of http://egistation.ii.r.torida	4. Document munber	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Olga D. Higgins	
Registered Office Address:	2031 Saxon B1 #107 Deltona FL 32725	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW</u> Registered Agent:		
<u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	1474 W. Granada Blud. Ste Exmond. FL. FL 30174 475	
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. Signety of a member of a member of a member		
OLGA D. HICE/NS. Printed or typed name of signee		
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provisions of all statutes relative to the provident I am familiar with and accept the obligations of my poor Chapter 608, F,S. Or, if this document is being filed to men address. I hereby confirm that the limited liability company (LAL) (AL) (AL) (Smith agent)	gree to act in this canacity of further agree to	
Division of Compositions PO Box 633	7 Tollobogges EU 32314	

FILING FEE: \$25.000