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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mc GUNNESS COMMERCIA! PROPERTIES, LL 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:
ANThony J. Me GUINNESS Name of Person
MEGUINNESS COMMERCIAL PROPERTIES, LLC Firm/Company
320 High Tide Dr. Address
St. Augustine, F/ 32080 City/State and Zip Code
A J M RE @ BELL SOUTH. NE T E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANThony Mc Guinnes at (904) 687-9603 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 \$\Bigsim \\$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

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Name of the limited liability company: McGuinne	ESS LOMARK (14/ TROPER/185)
Principal office address of limited liability company:	(b) 5167 Holly Rd.
Principal office address of limited liability company:	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
St. Augustine FlA	St. Augustine, Fl.
32080	32080
1/7/2018	4. Document number Lieianer #: BK 3006185
Vate of filing/registration in Florida	4. Document number
A. H. J. Mc GUNNESS	LIEIBNET #: BK 3006185
Registered Agent and Registered Office shown on the records of the	Florida Dept. of State:
19 South Divis House & its	. 7)
Registered Office Address (MUST BE FLORIDA STREET AD	(DRESS)
St. Augustine Fl. 320	
	8
, FI,	
Enter name of NEW Registered Agent and/or NEW Registered O	33.8.8.
Enter name of NEW Registered Agent and/or NEW Registered O	ffice address:
320 High Tide Da.	ffice address:
NEW Registered Office Address:	
St. Augustine F1 320	9 8 0
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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 of a member of authorized representative of a member

Anthony T. Me GUINNESS

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 605, 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 of Registered Agent