LB00174016

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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Statu s
Special Instructions to Filing Officer:	

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TO: Registration Section Division of Corporations	·	
MD Oceanside LLC		
	me of Limited Liab	oility Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and fe	re(s) are submitted for filing.
Please return all correspondence concerning	his matter to the fo	llowing:
Michael A. DiAntonio, Sr.		
Name of Person		-
MD Oceanside LLC		
Firm/Company		- =∵ ∵%
17 Cache Cay Drive		100 Maria 100 Ma
Address	 	20
Vero Beach, FL 32963		
City/State and Zip Code		- <u>S</u>
lizfox@pmtmanagement.com		ښ - - آي اد
E-mail address: (to be used for future ar	mual report notifica	ation)
For further information concerning this matte	r please call:	
Liz Fox	609	729-8562
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	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314
Enclosed is a check for the following	g 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.

) _	Principal office address of limited liability company:	(D)	Mailing address of limited liability compa	-
	(Note: MUST BE STREET ADDRESS) 17 Cache Cay Drive			(Note: MAY BE POST OFFICE BOX 17 Cache Cay Drive)
	Vero Beach, FL 32963			Vero Beach, FL 32963	
	December 17, 2013		L	L13000174016	
.)	Date of filing/registration in Florida Stephen Spira	4.		Document number	
	Registered Agent and Registered Office shown on the records	of the Florid	la I	i Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>S)</u>	<u> </u>	
	5205 Babcock St, Ste 1			1	
	Palm Bay	32905	5	MI 107 20	Π
)	Michael A. DiAntonio, Sr			7.1 107 20 7.1 LUNIO.33	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office <u>ac</u>	ldı	dress:	
	NEW Registered Office Address:				
	17 Cache Cay Drive				
	Vero Beach	32963 L	3	·	
	imited liability company is not organized under the				
w	nge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited	liability c	OI:	ompany, it is hereby confirmed that the change	e(s
/c	ere authorized by an affirmative vote of the member cles of organization or the operating agreement of t	s of the lir	nit	ited liability company or as otherwise provid-	ed
•••	The bold the			chael A. DiAntonio, Sr.	
atı	ture of a member or authorized representative of a member			Printed or typed name of signee	
	by accent the appointment as registered paget and	oree to ac	., ,	in this capacity. I further agree to comply w	ith

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 | FILING FEE: \$25.00