(FAX)9165767010

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## LLC REGISTERED AGENT CHANGE MECSICS & ASSOCIATES LLC

Certificate of Status	0
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## H190001540003

## 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.

i. Na	une of the limited liability company: MECSICS & A	ASSO	CIATES L	LC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  4004 TORREY PINES LANE	_ (	b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	WINTER HAVEN, FL 33884				
	01/13/2014		L140000	06944	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	LEGALING CORPORATE SERVICES INC.		4		
· ( <del>-</del> )	Registered Agent and Registered Office shown on the records of the		a Dept. of Star	<b>-</b> e:	
	5237 SUMMERLIN COMMONS BLVD STE			_	
	Registered Office Address MUST BE FLORIDA STREET A	DDRES	27	型 <sub>2</sub> _	
	FORT MYERSFL	33907	,	YAH 6	
(b) _	ROCKET LAWYER CORPORATE SERVICES LLC			्रिक्त <b>ज</b> िल्ल	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	155 OFFICE PLAZA DRIVE, 1ST FLOOR			2: <b>L</b>	
	NEW Registered Office Address:	-			
				-	
	TALLAHASSEE ,FL3	32301		_	
ne char gent w vas/we e prive	mited liability company is not organized under the law- nge or changes are made, the Florida street address of ti- ill be identical. Or, in the case of a Florida limited liab- re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the li-	he regi- bility co the lin imited i	stered office impany, it is sited liability liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in opany.	
1/12		JES	SICA SCHO	OLL, AUTHORIZED REPRESENTATIVE	
U i	are of a member or authorized representative of a member		_	Printed or typed name of signce	
he obliz o m <b>er</b> e	y accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act erform for in ( reby co	t in this capt ance of my Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
Signatur	THE ME A ASST SECRETOR				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

INHS18 (2/14)

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