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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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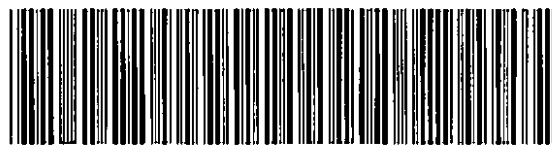
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 29 2016

S. YOUNG

SANTONI

COVER LETTER
LAW P.A. IN-HOUSE COUNSEL SERVICES

TO: Registration Section
Division of Corporations

SUBJECT: MDE OF FLORIDA, 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:

Roberto Santoni

Name of Person

Santoni Law, P.A.

Firm/Company

4820 New Broad Street

Address

Orlando, Florida 32814

City/State and Zip Code

rsantoni@FIHCLawGroup.com

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

For further information concerning this matter, please call:

Roberto Santoni

at (407) 233-3490

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

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

407.233.3490

RSANTONI@FLORIDAHOUSECOUNSEL.COM
4820 NEW BROAD ST., ORLANDO, FL 32814

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TALLAHASSEE, FLORIDA



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.

1. Name of the limited liability company: MDE OF FLORIDA, LLC

2. (a) 1080 Woodcock Road (b) SAME AS MAILING

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Suite 151

Orlando, Florida 32803

05/22/2012

~~L12000068071~~ L14000025914

3. Date of filing/registration in Florida

4. Document number

5. (a) Jeffrey L. Kaplan, Esq.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

130 Remington Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 1000

Oviedo, FL 32765

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(b) Santoni Law, P.A.

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

4820 New Broad Street

NEW Registered Office Address:

Orlando, FL 32814

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 of a member or authorized representative of a member

Wayne Elsey

Printed or typed name of signer

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

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

FILING FEE: \$25.00