Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	nit the KERKESH/KELOAD button on your browser	r from this	_					
r	age. Doing so will generate another cover sheet.	翠紫	2015					
To:	Division of Corporations Fax Number : (850)617-6383	LAHASSEE	OCT 19					
From:		뜻유	芸					

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 ; (850)205-8842

Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE MINERAL DEVELOPMENT, LLC

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K. SALY EXAMINER DCT 20 2015

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	ECT:						
	Nam	c of Limited	Liability Company				
Dear S	Sir or Madam:	,					
The cr	nclosed Registered Agent/Registered Offi	ce Change as	nd fee(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to th	ne following:				
CORY	GERBRANDT						
	Name of Person						
CT CC	PRPORATION						
	Firm/Company		······				
2075 C	CENTRE POINTE BLVD.						
	Address						
TALL	AHASSEE, FL 32308						
	City/State and Zip Code						
CORY	GERBRANDT@WOLTERSKLUWER.CO	м					
E	-mail address: (to be used for future anni	al report no	tification)				
For fu	rther information concerning this matter,	please call:					
CORY	GERBRANDT	850 at (5581933				
	Name of Person		Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:		1	MAILING ADDRESS:				
Registration Section			Registration Section				
Division of Corporations			Division of Corporations				
Clifton Building			P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301	٦	Sallahassee, Florida 32314				
Enclosed is a check for the following amount:							
	☐ \$25 Filing Fee		\$55 Filing Fee & Certified Copy				
INHSI	8 (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.

2. (a)	4000 STATE ROAD 60 EAST, MULBERRY, FL 33860			4000 STATE ROAD 60 EAST, MULBERRY, FL 3386						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			-	_	Mailing address of Ilmlicd Ilability company: (Nate: MAY BE POST OFFICE BOX)			•	
•	04/21/2014		_	L140	0000 <u>6</u> .	6844				
3. 5. (a)	Date of filing/registration in Florida PALMER, STEVEN EARL	4.			Docun	nent numb	ocr			
3. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da !	Pept. of S	State:					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 4000 STATE ROAD 60 EAST					SEC	2015 OCT	- -		
	MULBERRY , FI	33860			_		AHASS	CT 19		
(b)	C T Corporation System						E O	70-	in	
(-,	Enter name of NEW Registered Agent and/or NEW Registered	Office o	dd.	ress:			FLORID	8:53	€	
	NEW Registered Office Address:						; ** *			
	1200 South Pine Island Road									
	Plantation FI	33324								
the cha agent v	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regisability of the limited	gisi cor mi d li	ered of npany, ted liab ability	lice and this it is herebility comp	re busines v confirm	s office of ed that the	i ine reg e change	jisterea e(s)	
Signa	ture of a member or authorized representative of a member				Printed	or typed no	me of signe	¢		
I here provisi the ob- to mer-	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a chapte in the registered office address, i	ree to a e perfor ed for in hereby	nct ma 1 C co	in this (nce of thapter nfirm th	capacity. ny duties, 605, F.S. nat the lim	l further a and I am Or, if this ited liabil	igree to co familiar v documen ity compa	omply w rith and t is bein my has i	ith the accept g filed been	
MUMME	proporation System Coming Barren	Coun	ile	: Bry	מג					
Signatu	Division of Corporations P.O.	SISTON Box 63	1t 27	S&C	etory hassee, Fi	L, 32314				

FILING FEE: \$25.00