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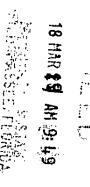
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Y SULKER MAR 2 1 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2018

CHRITOPHER MARTIN 1600 SARNO RD STE 14 MELBOURNE, FL 32935

SUBJECT: MWIAR, LLC Ref. Number: L14000110971

We have received your document for MWIAR, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 518A00004749

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Registration Section

TO:

Division of Corporations				
MALLAR 11				
SUBJECT: MWIAR, LLC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
Marie Mach				
Chris Martin Name of Person				
Name of Ferson				
Machin Com Disc				
Martin Legal, PLIC Firm/Company				
1.				
1600 Sarno Rd., Su Address	ite14			
Address				
Mall				
Milborine, FL 32935 City/State and Zip Code				
City/State and Zip Code				
9 Stephens mail @gmo E-mail address! (to be used for future simual r	il-com			
E-mail address! (to be used for future samual r	report notification)			
For further information concerning this matter, plea	se call:			
C1				
<u>Chris Martin</u> a	Area Code & Daytime Telephone Number			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301	1 4.14.14.0000, 1 101144 3231 (
Enclosed is a check for the following amo	ount:			
\$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.

1. Na:	me of the limited liability company:MUIAR	LLC		
2. (a)	MWIAR, LLC	_ (b) _	MWIAR, LLC	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
			4473 Coquina Ridge Dr.	
	Melborne, FL 32935		Melbourne, FL 32935	
	07/14/2014		L14000110971	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Daniel R. Stephens			
	Registered Agent and Registered Office shown on the records of th	ne Florida De	Pept. of State:	
	Daniel R. Stephens Registered Office Address (MUST BE FLORIDA STREET A)			
		<u>DDRESS)</u>		
	1600 Sarno Rd., Svite 14			
	Melbavine , FL	320	<u>935</u>	
(b)	Christopher Martin			
, ,	Enter name of NEW Registered Agent and/or NEW Registered (Office addre	2.97	ı,
	Christopher Martin NEW Registered Office Address:			? 5
			5	
	1600 Serno Rd. Suite 14			
	Melborine ,FL	329	35	
the cha agent v was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles Sorganization or the operating agreement of the l	the registe bility com f the limite	ered office and the business office of the regist npany, it is hereby confirmed that the change(s ted liability company or as otherwise provided	ered)
	W las years		Christopher Martin Printed or typed name of signee	
_	ture of a member or authorized representative of a member			
the obli	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act in performan I for in Ch vereby con	in this capacity. I further agree to comply with nce of my duties, and I am familiar with and ac hapter 605, F.S. Or, if this document is being f nfirm that the limited liability company has bee	the cepfiled n
Signatu	re of Registered Agent			

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