

L14000110971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Y SULKER

MAR 21 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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 518A00004749

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MWIAR, 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:

Chris Martin

Name of Person

Martin Legal, PLLC

Firm/Company

1600 Sarno Rd., Suite 14

Address

Melbourne, FL 32935

City/State and Zip Code

gstephensmail@gmail.com

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

For further information concerning this matter, please call:

Chris Martin

Name of Person

at ( 321 )

543-4374

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

**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: MWIAR, LLC

2. (a) MWIAR, LLC Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

4473 Coquina Ridge Dr.  
Melbourne, FL 32935

(b) MWIAR, LLC Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

4473 Coquina Ridge Dr.  
Melbourne, FL 32935

3. 07/14/2014 Date of filing/registration in Florida

4. L14000110971 Document number

5. (a) Daniel R. Stephens  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Daniel R. Stephens  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
1600 Sarno Rd., Suite 14  
Melbourne, FL 32935

(b) Christopher Martin  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Christopher Martin  
NEW Registered Office Address:  
1600 Sarno Rd., Suite 14  
Melbourne, FL 32935

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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]  
Signature of a member or authorized representative of a member

Christopher Martin  
Printed or typed name of signee

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]  
Signature of Registered Agent