L14000119696

			(Reque	estor's Name)	
			(Addre	ss)		
			(Addre	ss)		
			(City/S	tate/Zip/Pho	ne #)	
		PICK-UI	P			
			(Busin	ess Entity Na	ame)	
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08/15/17--01001--001 **1075.00



K. SALY AUG 1 7 2017

COVER LETTER

TO: **Registration Section Division of Corporations**

M.A. KELLY GROUP LLC SUBJECT:

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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:

JB ROTH

Name of Person

ROTH LAW FIRM PL

Firm/Company

6100 GREENLAND RD., SUITE 604

Address

JACKSONVILLE, FL 32258

City/State and Zip Code

JB@ROTHLAWFIRM.NET

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

For further information concerning this matter, please call:

JB ROTH	904 595-7900 at ()	95-7900	
Name of Person	Area Code & Daytime Telep	hone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			

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.

۱.	Na	me of the limited liability company: M.A. KELLY	GROUP	LLC		
2. (a)				95 PINDO PALM DRIVE		
<u>~</u> .	(4)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(b)	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BON</u>)		
		PONTE VEDRA BEACH, FL 32081		PONTE	VEDRA BEACH, FL 32081	
		07/30/2014		L140001	19696	
3. 5.	(a)	Date of filing/registration in Florida ROTH LAW FIRM PL	4.		Document number	
9.	(4)	Registered Agent and Registered Office shown on the records of 234 CANAL BLVD	:: -			
		Registered Office Address (MUST BE FLORIDA STREET. SUITE 2	ADDRESS)			
		PONTE VEDRA BEACH	32082		TI BE TI	
	(b)	ROTH LAW FIRM PL Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	THILDELLE D			
		6100 GREENLAND ROAD			5. 11	
		<u>NEW</u> Registered Office Address:				
		SUITE 604	<u></u>			
		JACKSONVILLE	32258			
the age wa	cha ent w s/we	imited liability company is not organized under the latinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the regis ability co of the limi	tered office mpany, it is ited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
			JEA	N B ROT	H, AUTH. REPRESENTATIVE	
	-	ture of a member or authorized representative of a member			Printed or typed name of signee	
pro the to	ovisi Vobl merc	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, 1 I in writing of this change.	ree to act performa d for in C hereb <u>v</u> co	in this capa mce of my a 'hapter 605 mfirm that a	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	

Signature of Registered Agent

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