L14000183040

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2016 JUL -6 PM 1: 24
SECRITARY OF STATE

K.SALY EXAMINER IUL -7

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Mayser Express, LLC.					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning th	nis matter to the following:				
Melanie Mayser					
Name of Person					
Mayser Express, LLC.					
Firm/Company					
743 NE 26th Terrace					
Address					
Ocala, Florida 34470					
City/State and Zip Code					
tmayser@yahoo.com					
E-mail address: (to be used for future and	nual report notification)				
For further information concerning this matter	, please call:				
Tim Mayser	at ()				
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)

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	ame of the limited liability company: Mayser Exp	ress, LLC	•	
2. (a)	743 NE 26th Terrace	(b)	743 NE	26th Terrace
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Ocala, Florida 34470		Ocala, F	lorida 34470
	November 26, 2014	L	.1400018	33040
3.	Date of filing/registration in Florida	_{4.} _		Document number
5. (a)	Corporation Services Company			
J. (4)	Registered Agent and Registered Office shown on the records of	f the Florida I	Ocpt. of State	#
	Registered Office Address [MUST BE FLORIDA STREET	(ADDRESS)		
	1201 Hays St.			
	Tallahassee .F	, 32301		7AL 5
(b)	Melanie Mayser	<u> </u>		FILE 2016 JUL -6 SECRETARY FALLAHASSE
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	ress:	FILED JUL-6 PM 1: 24 CRETARY OF STATE ANASSEE, FLORID
	NEW Registered Office Address:			ÛR. 21
	743 NE 26th Terrace			
	Ocala, F	L_34470		
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regist liability con of the limit e limited lia	ered office npany, it is red liability ability com	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
Ciano	ture of a member or authorized representative of a member	lim	Mayser	Prince
	•		a shir	Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, i d in writing of this change.	gree to act t e performat led for in Ci I hereby cot	n inis capa nce of my a hapter 605 nfirm that i	icity. I juriner agree to comply with the futies, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been

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