

Division of Corporations Electronic Filing Cover Sheet

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(((H220003391413)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

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Account Name : INCFILE.COM LLC
Account Number : I20220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

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LLC REGISTERED AGENT CHANGE MKVY ENTERPRISES LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

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PROPERTION

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000339141 3)))

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 | NI. | me of the limited liability company: | | | | | |
|----------------------|----------------------------------|--|--|--|--|--|--|
| | | me of the fillities flability company. | | | | | |
| <u>-</u> | (a) . | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1114 BERKMAN CIRCLE | _ (| M | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) ERKMAN CIRCLE | | |
| | | SANFORD, FL 32771 | - - | SANFO | PRD, FL 32771 | | |
| | | 01/21/2015 | | L150000 | 012440 | | |
| 3. | | Date of filing/registration in Florida | 4. | 1 | Document number | | |
| 5. | (a) | Registered Agent and Registered Office shown on the records of the | | | | | |
| | | Registered Agent and Registered Office shown on the records of the FOCUS 9 ENTERPRISES LLC | he Florid | a Dept. of State | : | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A 2728 ENTERPRISE RD, SUITE 200 | DDRES. | S) | | | |
| | | ORANGE CITY, FL | 32763 | | | | |
| | (b) | Enter name of NEW Registered Agent and/or NEW Registered LEGALING CORPORATE SERVICES INCS | Office no | ddress: | | | |
| | | NEW Registered Office Address: | | · · · · · · · · · · · · · · · · · · · | | | |
| | | 476 RIVERSIDE AVE | _ | | | | |
| | | JACKSONVILLE, FL | 32202 | | | | |
| ch ag wa th | ange ent v as/we e arti | imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member by accept the appointment as registered agent and agree | register bility con f the lin limited Ma | red office and ompany, it is nited liability com arcus Mcc | I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. donald Printed or typed name of signee | | |
| prih to no | ovisi e obl meri tified | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete jigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. The of Registered Agent | perform I for in vereby c | ance of my a Chapter 605, confirm that t | tuties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been | | |

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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| MKVY ENTERPRISES I | LLC | |
| SUBJECT:Nam | e of Limited L | iability Company |
| | • | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Offi | ce Change and | fee(s) are submitted for filing. |
| Please return all correspondence concerning thi | s matter to the | following: |
| LOVETTE DOBSON | | |
| Name of Person | | _ |
| INCFILE.COM LLC | | |
| Firm/Company | | _ |
| 17350 STATE HWY 249 #220 | | |
| Address | | |
| HOUSTON, TEXAS 77064 | | |
| City/State and Zip Code | | -, |
| EFILE1234@INCFILE.COM | | |
| E-mail address: (to be used for future ann | ual report notif | ication) |
| For further information concerning this matter, | please call: | |
| LOVETTE DOBSON | 888 at (| 462-3453 |
| Name of Person | at (| Area Code & Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the following | amount: | |
| ■ \$25 Filing Fee | - 5 | S55 Filing Fee & Certified Copy |
| INHS18 (2/14) | ((H22000339141 3))) | |