115000038979

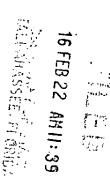
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	fied Copies Certificates of Status				
Special Instructions to Filing Officer:					
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 26, 2016

CAROLE DUVAL 5700 SW 34TH STREET SUITE 1235 GAINESVILLE, FL 32608 US

SUBJECT: MCROCK, LLC Ref. Number: L15000038979

We have received your document for MCROCK, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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: 116A00001711

SECRETARY BY CLASSE

COVER LETTER

Division of Corporations					
SUBJECT: McRock, 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:					
Carole L. DuVal Name of Person					
Info Tech, Inc. Firm/Company					
5700 SW 34th Street, Suite 1235 Address					
Gainesville, FL 32608 City/State and Zip Code					
Carole duval @ Infotechfl.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Cavole SuVal at (352) 381-4400 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: _ McRock,_	LL	<u> </u>	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-)		f limited liability company: E POST OFFICE BOX)
	5700 SW 34th St. Suite 1235		5700 SW 34	th st. Suite 1235
	Gainesville, FL 32608		Gainesville,	FL 32608
	3/3/2015		L150000 E	38979
3.	3 3 2015 Date of filing/registration in Florida 4		Document nu	mber
5 (a)				
J. (u)	Registered Agent and Registered Office shown on the records of the Fl	lorida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDI	RESS)	·····	
	5700 SW 37th St.			
				16
	Gainesville ,FL 3	220	008	FEB 3
41.5				22
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u>	ce add	ress:	
				MI U
	McClave, Amber S. NEW Registered Office Address:			AMII: 39
	5700 SW 34th St. Suite 1			
	Garnesville, FL	37	1.08	
the cha agent was/w	limited liability company is not organized under the laws or nange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability were authorized by an affirmative vote of the members of the ticles of organization or the operating agreement of the lim	regis ity co le lim	stered office and the busing mpany, it is hereby confi- ited liability company or	ness office of the registered irmed that the change(s)
	J-2 MM	1	ames T. McC	llave_
_	nature of a member or authorized representative of a member		Printed or type	d name of signee
I here provis the ob to mer notifie	reby accept the appointment as registered agent and agree to sions of all statutes relative to the proper and complete per bligations of my position as registered agent as provided fourely reflect a change in the registered office address, I here ed in writing of this change.	to act forme or in C eby co	in this capacity. I furthe ance of my duties, and I d Chapter 605, F.S. Or, if t onfirm that the limited lid	er agree to comply with the am familiar with and accept this document is being filed ability company has been
Signati	nur of Registered Ageny			