

L15000038979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300281061093

01/21/16--01016--022 **35.00

FILED
16 FEB 22 AM 11:39
FALLS CHURCH, VA

FEB 25 2016
SULKER



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

RECEIVED
2016 FEB 19 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
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:

Carole DuVal 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

**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: McRock, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

5700 SW 34th St. Suite 1235
Gainesville, FL 32608

5700 SW 34th St. Suite 1235
Gainesville, FL 32608

3. 3/3/2015
Date of filing/registration in Florida

4. L15000038979
Document number

5. (a) McCLAVE, Amber S.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5700 SW 34th St.
Gainesville, FL 32608

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

McClave, Amber S.
NEW Registered Office Address:
5700 SW 34th St. Suite 1235
Gainesville, FL 32608

FILED
16 FEB 22 AM 11:39
TALLAHASSEE, FLORIDA

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

James T. McClave
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