

L15000038979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

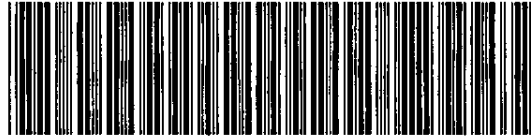
(Business Entity Name)

(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  
FALL BRASSEE, FT. GIBBS

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 34<sup>th</sup> 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