| | 11584 |
|--|--|
| (Requestor's Name) (Address) (Address) | 000285281800 |
| (City/State/Zip/Phone #) | 05/02/1601013025 **25.00 |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | SECRETARY OF STATE TALLAHASSEE, FLORIDA 16 MAY -2 PH 4: 54 |
| Special Instructions to Filing Officer: | |
| Office Use Only | MAY 03 2016 S. YOUNG |

| CC | OVER LETTER | | |
|---|---|---------|-------------|
| TO: Registration Section Division of Corporations | | | |
| Mac In Motion LLC | | | |
| SUBJECT:Name of Li | mited Liability Company | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Office Cha | ange and fec(s) are submitted for filing. | | |
| Please return all correspondence concerning this matte | er to the following: | | |
| Joseph Alexander | | | |
| Name of Person | | | |
| | | | ずの |
| Mac In Motion LLC | | 16 H | ECRI |
| Firm/Company | | HAY - | HAS |
| 1670 SE 8th Avenue | | -2 PH | SEE. |
| Address | | 4 h: 5h | STA |
| Deerfield Beach, Florida 33441 | | 54 | 古 元 戸 |
| City/State and Zip Code | | | |
| joe@macisit.com | | | |
| E-mail address: (to be used for future annual rep | port notification) | | |
| For further information concerning this matter, please | call: | | |
| Joseph Alexander at (| 954 803-1002 | | |
| Name of Person | Area Code & Daytime Telephone Number | ŕ | |
| 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 amou | nt: | | |
| ☑ \$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. Na | ame of the limited liability company: | n LLC | | | | |
|---|---|---|--|--|---|---------------------------------|
| 2. (a) | 1670 SE 8th Avenue | ſ | (b) | | | |
| 2. (a) | Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) Deerfield Beach | | | Mailing address of limited (<u>Note: MAY BE POST</u> d Beach | • | • |
| | Florida 33441 | | Florida 3 | 33441 | | |
| | April 23,2015 | | L1500007 | 71584 | | |
| 3. 5. (a) | Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS | – 4. 5, INC. | | Document number | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of 13302 WINDING OAK COURT A | the Florid | a Dept. of State | - e: | | 1 |
| | Registered Office Address (MUST BE FLORIDA STREET. | ADDRES | 52 | - | 16 MAY | SECRE T ALLAH |
| | Tampa, FL | 33612 | | - | ~2 | FILEC |
| (b) | Joseph Alexander | | | | PH L: | FLOF |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | Office ac | ldress: | - | 54 | <u>S</u> H |
| | 1670 SE 8TH AVENUE | | | | | |
| | NEW Registered Office Address: | | | - | | |
| | DEERFIELD BEACH | 33441 | | - | | |
| the cha agent v was/we the art | imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agri ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. | the regi ability c of the lin limited Jos | stered office ompany, it is nited liability liability com seph Alexa | e and the business off s hereby confirmed th y company or as othe npany. ander Printed or typed name of usity. I further agree | ice of the nat the cha rwise prov | registered nge(s) ided in |
| $\mathbf{\nabla}$ | The of Registered Agent | | | | | |

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

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