## L15000076628

(Re	equestor's Name)					
(Ad	ddress)	-				
(Address)						
(C	ity/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bi	usiness Entity Nan	ne)				
(Document Number)						
Certified Copies	rified Copies Certificates of Status					
Special Instructions to Filing Officer:						





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04/25/16--01022--014 \*\*25.00

SECONO CONTRACTOR

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MSF SPADIN	vo Co LLC e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fec(s) are submitted for filing.
Please return all correspondence concerning thi	-
MARTIN FEINS  Name of Person	
Name of Person	
MSF TRADING CO Firm/Company	120
806 KNOW WOOD CV Address	
City/State and Zip Code	34108
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
MARTIN FEIRS	at ( 939 ) 598 5049
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.

	me of the limited liability company: MSF 11  806 KNOLLWOOD CT NAPIES FL 34108  Principal office address of limited liability company:		OG KNOKEN	2011 0	T NAPL		4105
	(Note: MUST BE STREET ADDRESS)		( <u>Note:</u>	MAY BE	<u>POST OFFI</u>	CE BOX)	
	806 KNOWWADD CT		80.6	Kn	/OLL WO	900 C	<u> </u>
	NAPLES, FL 34108		NAP	IES,	FL	341	08
3.	4/30/15  Date of filing/registration in Florida	<u>L</u>	15 000D	766		- <del> </del>	
	Date of Hing registration in Florida	••	Booun				
5. (a)	Registered Agent and Registered Office shown on the records of the	Florida Dent	of State:				
	UNITED STATES CORPORATION AD				Tag H	•	
	Registered Office Address (MUST BE FLORIDA STREET ADD	DRESS)			: >		
	13302 WINDING DAKS COURT	SUITE	# A.		APK &	3 1	
	TAMPA ,FL	336	6/2		AFR 25 FHC	1 1 1	î.
(b)	MARTIN FEINS				FLC.	<u>.</u>	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Of	ffice address			in c	<del>-</del> ×	
	MARTIN FEINS			_			
	806 KNOWNBOD CV NAPLE	83 F	1_34	ag			
	NEW Registered Office Address:						
	806 KNOLLWOOD CT						
	NAPLES_,FL_	341	08				
If the l	imited liability company is not organized under the laws	of the Stat	e of Florida, it	is hereb	y confirme	d that after	
the cha	inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabi	ie registere ility compa	d office and then by it is hereby	e busine: //confirm	ss office of ned that the	the registe change(s)	red
was/w	ere authorized by an affirmative vote of the members of t	the limited	liability compa	any or as	otherwise	provided in	n
the arti	cles of organization or the operating agreement of the lin			سد	_		
	ture of a member or authorized representative of a member		MARTIN :	5, /-	EINS		
	tura of almonikar or outborized correspondetive of a moustar		Printed	or typed n	ame of signee	3	

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

Signature of Registered Agent