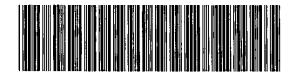
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(Requestor's Name)									
(Address)									
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(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
(Boodinon Hambol)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
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SECRETARY OF STATE SECRETARY OF STATE OR THE SECRETARY OR THE S

D. SCOTT
DEC 1 4 2016

## **COVER LETTER**

INHS18·(2/14)	· · · · · · · · · · · · · · · · · · ·						
☑ \$25 Filing Fee	_	\$55 Filing Fee & Certified Copy					
Enclosed is a check for the follo	owing amount:						
2661 Executive Center Circle Tallahassee, Florida 32301		Γallahassee, Florida 32314					
Clifton Building	F	P.O. Box 6327					
Division of Corporations		Division of Corporations					
STREET/COURIER ADDRESS Registration Section		MAILING ADDRESS: Registration Section					
	0 1	·	ic rumber				
Name of Person	at (	Area Code & Daytime Telephor	ne Number				
Donna Bertucci	775	782-2201					
For further information concerning this m	natter, please call:						
E-mail address: (to be used for futur	re annual report not	ification)					
info@corporatedirect.com	•	•					
City/State and Zip Co	ode						
Minden NV 89423 Metal Control of the Minden NV 89423	maij amoliji						
点。2002 Elipa LinAddress	general Security	300 Miles Pee & Certified Conf.	중 중 53				
2248 Meridian Blvd. Suite H		<del></del> .	PN 2: 53 DE STATE E, FLORIDA				
Firm/Company			EC 13 PI				
Corporate Direct, Inc		<u> </u>	新居 王				
Name of Person			16 SECO				
Donna Bertucci		<del></del>					
	-	-					
Please return all correspondence concerning	ng this matter to the	e following:					
The enclosed Registered Agent/Registered	d Office Change an	d fee(s) are submitted for filing.					
Dear Sir or Madam:							
SUBJECT:	Name of Limited l	Liability Company					
SUBJECT: MC ELEVEN TEAM, LL	.c						
Division of Corporations							
•							

## 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. N	lame of the limited liability company: MC ELEVEN	TEAM	I, LLC					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing	address of lim : MAY BE PO	ited liability	compa	ny:
	1380 AVON LN, #311	_	3030 N	. Rock	ky Point Di	rive, STE	150	Α
	NORTH LAUDERDALE, FL 33068	_	TAMPA	, FL	33607			
	05/15/2015		L150000	8632	6			
3.	Date of filing/registration in Florida	4.		Docu	ment numbe	er		<del>-</del>
5. (a	)							
J. (u	Registered Agent and Registered Office shown on the records of	the Floric	ia Dept. of Sta	ite:				
	Gerri Detweiler				•			
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRES	<u>(S)</u>			ZS:	. <u></u>	
	1037 Greystone Lane							
	Sarasota .FL	34232	2	<del></del>		NS.	DEC 1	<u> </u>
				_		333 77 O	<u>-</u> 3	ILED
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>						3	D
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:			82	Ÿ	
	REGISTERED AGENTS INC.					O <sub>A</sub> rri	ဌ	
	NEW Registered Office Address:			_				
	3030 N. Rocky Point Drive, STE 150A			_				
	Tampa, FL	3360	7					
the chagent was/v the ar	limited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited limited by were authorized by an affirmative vote of the members of ticles of organization on the operating agreement of the mature of a member or authorized representative of a member reby accept the appointment as registered agent and agreely accept the appointment as registered agent and agreely reflect a change in the registered office address, I again writing of this change.  Bill Hayre/Assistant Secondary	ws of the regability of the limited ree to a perforing thereby	e State of Fristered officompany, it mited liability co	ce and is here ity company  Printe	the business by confirme apany or as of confirme apany or as of confirme and or typed nar  I further as	office of that the otherwise holds	the re chang provid	gistered (e(s) led in

Signature of Registered Agent