## 115000100176

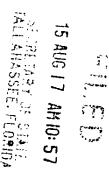
| (Red                      | questor's Name)   |           |  |  |  |  |
|---------------------------|-------------------|-----------|--|--|--|--|
| (Add                      | dress)            |           |  |  |  |  |
| (Address)                 |                   |           |  |  |  |  |
| (City                     | //State/Zip/Phone | e #)      |  |  |  |  |
| PICK-UP                   | ☐ WAIT            | MAIL      |  |  |  |  |
| (Bus                      | siness Entity Nan | ne)       |  |  |  |  |
| (Doc                      | cument Number)    |           |  |  |  |  |
| Certified Copies          | Certificates      | of Status |  |  |  |  |
| Special Instructions to F | Filing Officer:   |           |  |  |  |  |
|                           |                   |           |  |  |  |  |
|                           |                   |           |  |  |  |  |
|                           |                   |           |  |  |  |  |
|                           |                   |           |  |  |  |  |

Office Use Only



700276065277

08/17/15--01020--026 \*\*25.00



AUG 2 0 2015

Y SULKER

## **COVER LETTER**

| TO:   | Registration Section Division of Corporations  |   |                                      |  |  |  |  |  |
|---|--|---|--------------------------------------|--|--|--|--|--|
| SUBJE   | MTPFL HOLDINGS LLC   |   |                                      |  |  |  |  |  |
|   | Division of Corporations  MTPFL HOLDINGS LLC  Name of Limited Liability Company  Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. |   |                                      |  |  |  |  |  |
| Dear Si   | ir 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:                   |  |   |                                      |  |  |  |  |  |
| Micha   | ael Pearl  |   |                                      |  |  |  |  |  |
|   | Name of Person   | Anna (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |                                      |  |  |  |  |  |
| MTPF  | FL HOLDINGS LLC  |   |                                      |  |  |  |  |  |
|   | Firm/Company   |   | •                                    |  |  |  |  |  |
| 15 PA   | ARADISE PLZ #167   |   |                                      |  |  |  |  |  |
|   | Address  |   |                                      |  |  |  |  |  |
| SARA  | ASOTA, FL 34239-6905   |   | _                                    |  |  |  |  |  |
|   | City/State and Zip Code  | •   |                                      |  |  |  |  |  |
| -   | •  |   | _                                    |  |  |  |  |  |
| Е   | -mail address: (to be used for future annua  | l report notifica                           | tion)                                |  |  |  |  |  |
| For fur   | ther information concerning this matter, pl  | ease call:                                  |                                      |  |  |  |  |  |
| Micha   |  | at (  | )                                    |  |  |  |  |  |
|   | Name of Person   |   | Area Code & Daytime Telephone Number |  |  |  |  |  |
|   |  |   |                                      |  |  |  |  |  |
|   | Division of Corporations   |   |                                      |  |  |  |  |  |
|   |  |   |                                      |  |  |  |  |  |
|   |  | i ana                                       | nassee, Florida 32314                |  |  |  |  |  |
|   | Enclosed is a check for the following amount:  |   |                                      |  |  |  |  |  |
|   | <b>2</b> \$25 Filing Fee   | <b>□</b> \$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

| Na                          | me of the limited liability company: MTPFL HOLI  |  |   |  |   |
|-----------------------------|--|--|---|--|---|
| (a) .                       | MTPFL HOLDINGS LLC   | (  | b) MTPFI  | L HOLDINGS LLC   |   |
| \ <del>-</del> / •          | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |  | -, <u></u>  | Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)  | γ:                                      |
|                             | 15 PARADISE PLZ #167   |  | 15 PAF  | RADISE PLZ #167  |   |
|                             | SARASOTA, FL 34239-6905  |  | SARAS   | SOTA, FL 34239-6905  |   |
|                             | June 09, 2015  |  | L15000  | 0100176  |   |
|                             | Date of filing/registration in Florida   | 4.   | ······  | Document number  |   |
| (a)                         | MICHAEL P PEARL  |  |   |  |   |
| (ω)                         | Registered Agent and Registered Office shown on the records of   | the Floric                                   | la Dept. of Sta   | tate:  |   |
|                             | MTPFL HOLDINGS LLC   |  |   |  |   |
|                             | Registered Office Address (MUST BE FLORIDA STREET  | ADDRES                                       | <u>S)</u>   |  |   |
|                             | 2215 ALVARADO LN   |  |   |  |   |
|                             | SARASOTA, FL   | 34231  | <u> </u>  | <u> </u>   |   |
|                             | , FI   | ·  | · <del>M· · · · · · · · · · · · · · · · · · ·</del>     |  |   |
| b)                          |  |  |   | *** <b>5</b>   |   |
| ·,                          | Enter name of NEW Registered Agent and/or NEW Registered   | Office a                                     | ddress:   | AUG AUG  | " · · · · · · · · · · · · · · · · · · · |
|                             | MTPFL HOLDINGS LLC   |  |   |  | Tag                                     |
|                             | NEW Registered Office Address:   | •  | •   |  | **}                                     |
|                             | 15 PARADISE PLZ #167   |  |   | - 10: 58   | p#E                                     |
|                             | SARASOTA FI  | 34239  | 9-6905  | Ve-  |   |
| chant w<br>we<br>artic      | imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | the regability of the linited                | istered office<br>company, it<br>nited liabil           | fice and the business office of the regit is hereby confirmed that the change ility company or as otherwise provides company.  Pearl                                     | sto<br>(s)                              |
|                             | ture of a member or authorized representative of a member  | <b></b>                                      | as in shin an   | Printed or typed name of signee  | .I.                                     |
| ret<br>visio<br>obli<br>ere | by accept the appointment as registered agent and agi<br>ons of all statutes relative to the proper and complete<br>igations of my position as registered agent as provide<br>ely reflect a change in the registered office address, I<br>I in writing of this change                    | ree 10 ac<br>perforn<br>d for in<br>hereby c | n in inis ca<br>nance of m<br>Chapter 60<br>confirm tha | apacity. I juriner agree to comply will<br>ny duties, and I am familiar with and 6<br>505, F.S. Or, if this document is being<br>at the limited liability company has bo | n<br>ic<br>f                            |

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