

L15000119491

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : THE LAW OFFICES OF KATE MENIC, P.A.  
Account Number : 120203000007  
Phone : (904) 619-2510  
Fax Number : (904) 328-2081

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE**  
**MUMDA,LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

21 JAN 13 PM 4:26

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MUMDA, 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:

KATE MESIC, ESQUIRE

\_\_\_\_\_  
Name of Person

LAW OFFICES OF KATE MESIC, PA

\_\_\_\_\_  
Firm/Company

6550 ST. AUGUSTINE ROAD, SUITE 305

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32217

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATE MESIC, ESQUIRE

904 619-2510  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

21 JAN 13 PM 4:26



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2020

KATE MESIC, ESQUIRE  
LAW OFFICES OF KATE MESIC, PA  
6550 ST AUGUSTINE ROAD, SUITE 305  
JACKSONVILLE, FL 32217

SUBJECT: MUMDA,LLC  
Ref. Number: L15000119491

We have received your document for MUMDA,LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 820A00024309

**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: MUMDA LLC
2. (a) 6871 BELFORT OAKS PLACE  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
JACKSONVILLE, FL 32216
- (b) 6871 BELFORT OAKS PLACE  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
JACKSONVILLE, FL 32216
3. 7/5/2015 Date of filing/registration in Florida
4. L15000119491 Document number
5. (a) JENNIFER WALKER  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1668 CHARON ROAD  
JACKSONVILLE, FL 32205
- (b) BRITTANY KAYE FADIORA  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW** Registered Office Address:  
2652 MOORSFIELD LANE  
JACKSONVILLE, FL 32225

21 JUL 13 PM 4:29

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

BRITTANY KAYE FADIORA

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