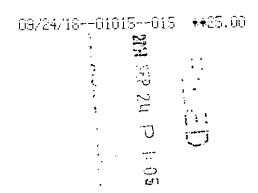
## U5000145255

| (Requestor's Name)                      |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |





500318484305



## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Division of Corporations MCM Sports Advisors, LLC SUBJECT: \_\_\_ 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: Rodney Vermilio Name of Person MCM Sports Advsiors, LLC Firm/Company 233 North Oleander Ave Address Daytona Beach, FI 32118 City/State and Zip Code distdesorlando@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rodney Vermilio Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **■** \$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                  | me of the limited liability company: MCM Sports A   | Adviso   | rs,                         | LLC                                    |  |                       |                      |                                |  |  |
|--|---------------------|---|--|-----------------------------|--|--|-----------------------|----------------------|--------------------------------|--|--|
| 2. (a  | 1)                  | 233 North Oleander Ave  |  |                             | (b) 233 North Oleander Ave             |  |                       |                      |                                |  |  |
| (  | -,                  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   | _ ''   | ے <u>، ۔</u>                |  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |                       |                      |                                |  |  |
|  |                     | Daytona Beach, FI 32118   | _  | <br>[                       | Daytona                                | Beach, FI 32118  |                       |                      |                                |  |  |
|  |                     | 8/25/15   | _  | L15000145255                |  |  |                       |                      |                                |  |  |
| 3.   |                     | Date of filing/registration in Florida  | 4.   |                             |  | Docume   | ent num               | ber                  | - ·                            |  |  |
| 5. (   | a)                  | Richard A Barber CPA PA   |  |                             |  |  |                       |                      |                                |  |  |
| (b)  | ,                   | Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat<br>803 Shallow Brook Ave   |  |                             |  |  |                       |                      |                                |  |  |
|  |                     | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |  |                             |  | -  |                       |                      |                                |  |  |
|  |                     | Winter Springs, FL  | 32708  | _                           |  | -  |                       | MH SEP 2             | 141                            |  |  |
|  | )                   |   |  |                             |  | _  |                       | 2u                   | ~~ ,                           |  |  |
|  |                     | Enter name of NEW Registered Agent and/or NEW Registered Office address:  |  |                             |  |  |                       | Ū                    |                                |  |  |
|  |                     | 233 North Oleander Ave  |  |                             |  |  |                       | <del></del>          | ر الرب                         |  |  |
|  |                     | NEW Registered Office Address:  |  |                             |  | _  |                       | 3.0                  |                                |  |  |
|  |                     | Daytona Beach, FL   | 32118  |                             |  | _  |                       |                      |                                |  |  |
| the c<br>agent<br>was/p  | hai<br>V<br>Me      | mited liability company is not organized under the law nge or changes are made, the Florida street address of tall be identical. Or, in the case of a Florida limited lial reauthorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | the regist<br>bility ec<br>the lim<br>imited l | ster<br>omp<br>ite-<br>liab | ed office<br>cany, it is<br>d liabilit | e and the<br>s hereby<br>y compai<br>npany.                                  | busines<br>confirm    | s office of that the | of the registered ne change(s) |  |  |
| Signature of a member or authorized representative of a member |                     |   |  |                             | Printed or typed name of signee        |  |                       |                      |                                |  |  |
| proxi<br>the d<br>toling<br>notifi                             | sicht<br>reied<br>Z | y accept the appointment as registered agent and agre<br>ons of attestatutes relative to the proper and complete p<br>gations of my position as registered agent as provided<br>by reflect a change in the registered office address, I have<br>in writing of this change.                | erform<br>for in C                             | anc<br>Tha                  | e of my e<br>inter 605                 | duties, år<br>FS O   | rd Lam j<br>r if this | familiar<br>docume   | with and accept                |  |  |

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