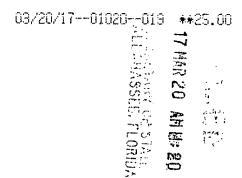
11600025735

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Document Number)			
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COVER LETTER ·

TO: Registration Section

INHS18 (2/14)

Division of Corporations				
SUBJECT:		HOLDINGS, LLC		
	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered A	gent/Registered Office Chan	ge and fee(s) are submitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
Na	me of Person			
· ·				
MAJES	ITC HOLDINGS, 1	LL		
Fir	m/Company	·		
997	NW 31 ST AVE			
	Address			
POMPAN	OBEACH, FL 3	3069		
City/So	ate and Zip Code			
E-mail address: (to be	used for future annual repor	t notification)		
For further information con	cerning this matter, please c	all:		
	at ()		
Name of Pe		Area Code & Daytime Telephone Number		
STREET/COURI		MAILING ADDRESS:		
Registration Sectio		Registration Section		
Division of Corpora	ations	Division of Corporations		
Clifton Building 2661 Executive Ce	ster Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florid		Tallanassee, Florida 32314		
Enclosed is a chec	k 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. Nar	ne of the limited liability company: MATESTIC HOLDINGS, LLC
2. (a) _	(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	O2/05/16 Date of filing/registration in Florida TARED WISCHE L16000025735 Document number
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State. HOO N.W. 34 TH STREE Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	SUITE # 224
	POMPANO BEACH FI 33064
(b) _	Inter name of NEW Registered Agent and/or NEW Registered Office address:
f	Enter name of NEW Registered Agent and/or NEW Registered Office address:
<u>.</u>]	NEW Registered Office Address.
-	POMPANO BEACH II 33069
he chan gent wi	nited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ge or changes are made, the Florida street address of the registered office and the business office of the registered II be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) e authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in les of organization or the operating agreement of the limited liability company.
	Printed or typed name of signee Printed or typed name of signee Paccent the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
rovision he oblig merel otified	eaccept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the as of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept sations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed y reflect a change in the registered office address. I hereby confirm that the limited liability company has been in writing of this change.
Signature	of Registered Agent

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

INHS18 (2/14)

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