

(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 F	Filing Officer:	
Special Manacachina to 1	-	
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	Kece	ived 04/10

Office Use Only



COVER LETTER

TO:	_	stration Section sion of Corporations				
SUBJI	FCT:	Main Street Financial Group, L	LC			
0000		Name of Limited Liability Company				
Dear S	ir or N	fadam:				
The en	closed	Registered Agent/Registered	Office Change and	l fee(s) are submitted for filing.		
Please	return	all correspondence concerning	g this matter to the	following:		
C. Leo						
-		Name of Person		<u> </u>		
Harbor	Comp					
		Firm/Company		<u> </u>		
1830 C	Colonia	l Village Ln				
	_	Address		<u> </u>		
Lancas	ster, PA	. 17601				
		City/State and Zip Co	de	_		
profess	sional@	harborcompliance.com				
T.	E-mail	address: (to be used for future	annual report notif	fication)		
For fur	rther in	nformation concerning this ma	itter, please call:			
C. Leo			717 at (844-5937		
	_	Name of Person	``	Area Code & Daytime Telephone Number		
	Reg Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Encl	osed is a check for the follow	ving amount:			
■ \$25 Fili		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: Main Street Fina	ncial Gro	up, 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)
	1819 Main Street Suite 600		1819 Mair	n Street Suite 600
	Sarasota, FL 34236		Sarasota,	FL 34236
	03/23/2016		L16000059	9206
3.	Date of filing/registration in Florida	4.	-	Document number
5. (a)	TUTCHER, MICHAEL			
5. (a)	Registered Agent and Registered Office shown on the records of	f the Floric	la Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7698 Albert Tillinghast Drive			2024 SEC
	Sarasota , FI	34240 L		PR I
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered	d Office o	ddross	FILED PHI2: 22 SECRETION OF STATE SECRETION OF STAT
	Enter hance of NEW Registered Agent and/or NEW Registered	u onice z	<u>uuress</u> .	22
	NEW Registered Office Address:			_
	7901 4th St N Ste 300			_
	St. Petersburg , FI	L		_
change agent v was/we the arti	imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members cles of organization or the operating agreement of the function of a member of a me	e register ability cof the lire limited	red office an ompany, it i nited liabilit liability cor trick Kinney	d the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in an apany. Printed or typed name of signce
the obl to merc notified	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide dy reflect a change in the registered office address. I I in writing of this change.	ed főr in hereby c	Chaptér 602 confirm that	5, F.S. Or, if this document is being filed the limited liability company has been
	avid Roberts re of Registered Agent			
Signatu	re of Registered Agent			