## Macada (65218)

(Req	uestor's Name)			
(Address)				
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MAR 0 9 2020 S. YOUNG

## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC	MCW Supply Company LLC		
00000		Name of Limited	Liability Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.
Please re	turn all correspondence concernin	g this matter to th	e following:
Marcus V	Vingate		
	Name of Person		
MCW Su	pply Company LLC		
	Firm/Company		
9307 Equ	us Circle		
	Address	<u></u>	<del></del>
Boynton	Beach, FL 33472		
	City/State and Zip Co	de	
marcuswi	ngate@comcast.net		
E-r	nail address: (to be used for future	annual report not	ification)
For furth	er information concerning this ma	tter, please call:	
Felix Fide	elibus	954 at (	975-3143
	Name of Person	ar (	Area Code & Daytime Telephone Number
] ] [	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
I	Enclosed is a check for the follow	ving amount:	
(	□ \$25 Filing Fee		\$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.

2. (a)	MCW Supply Company, LLC		(b) MCW Su	ipply Company, LLC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9307 Equus Circle		9307 Equ	us Circle
	Boynton Beach, FL 33472	<del></del>	Boynton	Beach, FL 33472
	04/01/2016		L16000065	5218
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of Marcus Wingate	the Flor	ida Dept. of Sta	ate:
	Registered Office Address (MUST BE FLORIDA STREET	<u> 4DDRE</u>	<u>SS)</u>	_ ~
	200 Park Central Blvd South Suite 5			020
	Pompano Beach , FI	33064		2020 FEB 13
(b)	Marcus Wingate  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	address:	ENT OF STATE CORPORATION SSEE, FLORID
	NEW Registered Office Address:			_
	9307 Equus Circle			_
	Boynton Beach , FI	33472		_
change agent was/w the art Signal I here provise the met to met notifie	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like or authorized by an affirmative vote of the members of icles of organization or the operating agreement of the flure of a member or authorized representative of a member liby accept the appointment as registered agent and agricular of all tratutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is a light of the proper and complete light of the prope	registe ability of the limited Mee to a perforial for in	ered office are company, it mited liability con arcus Wingate ct in this capmance of my Chapter 60	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.  Printed or typed name of signee  Pacity. I further agree to comply with the adulies, and I am familiar with and accept 5. F.S. Or. if this document is being filed

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