11000085702

(Requestor's Name)						
(Address)						
(Address)						
(C	ity/State/Zip/Phone	#)				
PICK-UP	WAIT	MAIL MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	of Status				
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M. T. Causley, LLC L16000085702

() Nonprofit			
() Foreign	() Amendment	() Merger	
() Limited Partnership	() Dissolution/Withdrawal	() Mark	
() LLC	() Reinstatement		
	() Annual Report	(X) Other	
	() Name Registration	Change of Agent	
() Certified Copy	() Fictitious Name		
() Call When Ready		() CUS	
(x) Walk In	() Photocopies		
() Mail Out		() After 4:30	
	() Call If Problem	(x) Pick Up 🔀 👝 🕦	
Name	() Will Wait	(x) Pick Up 200	
Availability			
Document 5/17/2016		Order#:	
Examiner		10013407	
Updater	KM	Ref#:	
Verifier			
W.P. Verifier		32	
		Amount: \$	
			

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: M. T. Causley, LL	C		
2. (a)		((b)	
(- -,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		5/5/16	_	L160000857	02
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Michael T. Causley			
	()	Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET A			:
		97 NE 15th Street			
		Homestead , FL	33030		
((b)	Enter name of NEW Registered Agent and/or NEW Registered (dd nace:	
		enter name of NEW Registered Agent and/or NEW Registered	Office a	iuuress.	
		C T Corporation System			
		NEW Registered Office Address:			5 2 .
		1200 South Pine Island Road			Cara Cara
		Plantation , FL	33324		
the ager	cha nt v /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- tere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reg bility f the li	gistered office company, it is mited liability	and the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in
		ya-	Br	adley L. Resni	ek
Si	gnat	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to n noti C T	visi obl iere fied I Co	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. Supportion System	ee to a perfori for in ereby	ct in this cape mance of my e Chapter 605 confirm that i	acity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Sign	natu	re of Registered Agent Kristin Boldon			
		Assistant Secretary Division of Corporations • P.O. B	ox 63	27• Tallahas	see, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)

Ву