

L16000085702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

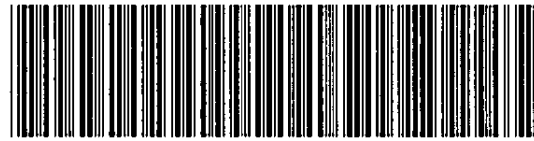
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 MAY 17 A 11:32
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TALLAHASSEE, FLORIDA

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MAY 18 2016

J. BRUCE

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

M. T. Causley, LLC L16000085702

Nonprofit

Foreign

Limited Partnership

LLC

Certified Copy

Call When Ready

Walk In

Mail Out

Name _____

Availability _____

Document _____

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

Amendment

Dissolution/Withdrawal

Reinstatement

Annual Report

Name Registration

Fictitious Name

Photocopies

Call If Problem

Will Wait

5/17/2016

KM

Merger

Mark

Other
Change of Agent

CUS

After 4:30

Pick Up

Order#:

10013407

Ref#:

Amount: \$

2016 MAY 17 A 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. Name of the limited liability company: M. T. Causley, LLC

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

3. 5/5/16 Date of filing/registration in Florida 4. L16000085702 Document number

5. (a) Michael T. Causley
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
97 NE 15th Street
Homestead, FL 33030

(b) _____
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

C T Corporation System
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

2016 MAY 17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 Signature of a member or authorized representative of a member Bradley L. Resnick
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System
 Signature of Registered Agent Kristin Bolden
 Assistant Secretary

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