L16000088974

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



100306996971

12/28/17--01021--016 **25.00

NUMBER SEEDS A THE OTHER PROPERTY AND A THE OTHER PROPERTY.

D. SCOTT JAN 11 222



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2017

DESTINY BAYLOR PARACORP INCORPORATED 2804 GATEWAY OAKS DR #100 SACRAMENTO, CA 95833

SUBJECT: MPK3, LLC

Ref. Number: L16000088974

We have received your document for MPK3, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FORM MUST CONTAIN CURRENT REGISTERED AGENT ON LINE 5A

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 717A00026324

COVER LETTER

INHS18 (2/14)

	Registration Section Division of Corporations			
SUBJE	MPK3, LLC			
	Name of			
Dear Sir	or Madam:			
The enc	losed Registered Agent/Registered Office C	Change and	fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this ma	atter to the	following:	1
Destiny	Baylor			
	Name of Person	·	_	
Parace	orp Incorporated			
	Firm/Company			
2804 (Gateway Oaks Dr #100			
	Address			
Sacra	mento, CA 95833			;
	City/State and Zip Code			
,	orp@myparacorp.com			THE A PROPERTY OF THE PARTY OF
Ē-	mail address: (to be used for future annual	report notif	ication)	
For furt	her information concerning this matter, plea	ase call:		
Destin	y Baylor	800	533-7272	54 E 01
	Name of Person		Area Code & Daytime Telep	hone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314	
	Enclosed is a check for the following am	ount:		
	☑ \$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

r tortac					
1. Na	me of the limited liability company: MPK3, LLC)			
	11 BAYMONT STREET, #1503	(b) 11 BAYMONT STR	EET, #1503		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	CLEARWATER, FL 33767	CLEARWATER, FL	33767		
	05/10/2016	 L16000088974			
3,	Date of filing/registration in Florida	4. Document n	ımber		
	Registered Agent and Registered Office shown on the records	Ces of Central Florida Dept. of State:	- INC		
	Registered Office Address (MUST BE FLORIDA STRE				
	390 North Orange.	FL 32801			
(ď)	Paracorp Incorporated				
(0)	Enter name of NEW Registered Agent and/or NEW Register	ered Office address:	33		
	155 Office Plaza Drive, 1st Floor NEW Registered Office Address:				
	Registered Office Address.		淡 5 河		
			一三つ		
	Tallahassee	, FL32301	1 2 9		
If the 1	imited liability company is not organized under the	: laws of the State of Florida, it is he	reby confirmed that after		
the cha agent v	ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membe	s of the registered office and the bus disability company, it is hereby confers of the limited liability company of	iness office of the registered irmed that the change(s)		
	icles of organization or the operating agreement of	Anth	ony W. Justice		
Signa	iture of a member or authorized representative of a member	Printed or type	ed name of signee		
provis the ob- to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	tete performance of my aunes, and i wided for in Chapter 605, F.S. Or, if s, I hereby confirm that the limited li	er agree to comply with the am familiar with and accep this document is being filed ability company has been		
Signati	Ire of Registered Agent Milton Vong, ASSIS	slant secretary			

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