

L16 0000 925 26

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

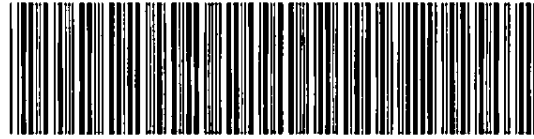
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900353096749

10/29/20--01006--009 **25.00

DEC 03 2020

2020 OCT 29 PM 12:02

R/A-CH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAHIANE PROPERTIES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICK J. CALLAN, ESQ.

Name of Person

Firm/Company

P.O. BOX 394

Address

OSCEOLA, IA 50213

City/State and Zip Code

PCALLAN@PATRICKCALLAN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK J. CALLAN, ESQ.

239

at ()

839-7860

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$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. Name of the limited liability company: MAHIANE PROPERTIES, 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**)

229 W CASS ST
OSCEOLA, IA 50213

PO BOX 394
OSCEOLA, IA 50213

05/11/2016

L16000092526

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

5. (a) CALLAN, PATRICK J
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

19964 LAKE VISTA CIR N

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

UNIT 3

LEHIGH ACRES, FL 33936

(b) ZIGROSSI, DIANE H

Enter name of NEW Registered Agent and/or NEW Registered Office address:

20012 PETRUCKA CIR N

NEW Registered Office Address:

UNIT 3

LEHIGH ACRES, FL 33936

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.

McCallan
Signature of a member or authorized representative of a member

MAJOLIE M CALLAN, MEMBER-MANAGER
Printed or typed name of signer

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.

MAJOLIE M CALLAN
Signature of Registered Agent