## LIL 000 101663

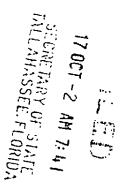
(Address)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP  WAIT  MAIL						
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PICK-UP WAIT MAIL						
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(Document Number)						
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## COVER LETTER

	istration Section (sion of Corporations					
SUBJECT:	MC Cigar Shop and Lounge					
	Name of Limited Liability Company					
Dear Sir or l	Madam:					
The enclose	d Registered Agent/Registered Offic	e Change and fe	ee(s) are submitted for filing.			
Please return	n all correspondence concerning this	matter to the fo	llowing:			
Jason Mc	Intee					
	Name of Person		-			
MC Cigar	Shop and Lounge					
	Firn/Company		-			
3331 Lithi	a Pinecrest Rd					
	Address		-			
Valrico/Flo	orida 33596					
	City/State and Zip Code		-			
jason@m	ccigarlounge.com					
E-mail	address: (to be used for future annu	al report notifica	ution)			
For further i	nformation concerning this matter, p	please call:				
Jason McIntee 3		321 _ at (	505-6379			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314			
Enclosed is a check for the following amount:						
❷\$	25 Filing Fee	□ \$55	☐ \$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.

1.	Na	me of the limited liability company: MC Cigar Sho	p and Lou	unge	-
2.	(a)	Jason McIntee	(b)		
,	<b>(</b> )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mail	ling address of limited liability company: Note: MAY BE POST OFFICE BOX)
		3331 Lithia Pinecrest Rd			
		Valrico, Florida 33596			
		05-24-2016	L10	60001016	683
3.		Date of filing/registration in Florida	4.	Do	ocument number
5. (a)	(a)	Glen R Lansky			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			IAL SE	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			C 24	
	137 S. Parsons Ave			EGNCTAI	
		Brandon , FL	33511		EGRETARY OF STATE
	(b)	Jason McIntee			F SIA
(0)		Enter name of NEW Registered Agent and/or NEW Registered Office address:			TE A
		NEW Registered Office Address:			
		3331 Lithia Pinecrest Rd			
		Valrico, FL	33596	_	
the ag was the like like like like like like like lik	e cha ent v as/we arti signa herei ovisi e obl mere	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of ales of organization or the operating agreement of the matter of a member or authorized representative of a member of the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have in the registered of the address of this change.	the registered bility complete the limited liabe	ed office an any, it is he I liability co ility compa Jaxon Pri this canacia	nd the business office of the registered ereby confirmed that the change(s) ompany or as otherwise provided in any.  MCIntel rinted or typed name of signee  ity. I further agree to comply with the
Sf	gnatu	or TTILL re of Registered Agent			