L16000114427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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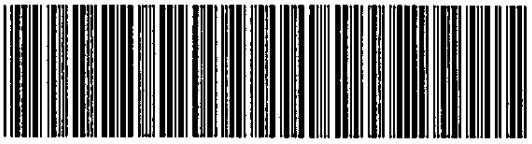

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TALLAHASSEE, FLORIDA

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DEC 07 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2017

MATTHEW BLIVEN
1245 W JACKSON BLVD, #204
CHICAGO, IL 60607

SUBJECT: MCJB LLC
Ref. Number: L16000114427

We have received your document for MCJB LLC and your check(s) totaling $55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

Octavia L Simmons
Regulatory Specialist II

Letter Number: 817A00022806

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCJB, 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:

Matthew Bliven
Name of Person

MCJB, LLC
Firm/Company

1245 W. Jackson Blvd. #204
Address

Chicago, IL 60607
City/State and Zip Code

matthew.bliven@wilson.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Bliven at (402) 297-8710
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: MCJB, LLC

2. (a) 1245 W. Jackson Blvd. #204
Chicago, IL 60607
Principal office address of limited liability company:
(*Note: MUST BE STREET ADDRESS*)

(b) 13812 Swiftwater Way
Lakewood Ranch, FL 34211
Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)

3. 06/14/2016
Date of filing/registration in Florida

4. L16000114427
Document number

5. (a) Matthew Bliven
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

225 Pineda St.
Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)

Suite 175

Longwood, FL 32750

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

13812 Swiftwater Way
NEW Registered Office Address:

Longwood, FL 34211

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TALLAHASSEE, FLORIDA

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.

Matthew Bliven
Signature of a member or authorized representative of a member

Matthew Bliven
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.

Signature of Registered Agent

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

INHS18 (2/14)