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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: MLCN TOWING LLC. Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
MILTON BLAY LOCK Name of Person	· · · · · · · · · · · · · · · · · · ·		
MLCN TOWNG LLC Firm/Company	<u>-</u>		
PO BOX 16284 Address			
Plantation, FC 333 City/State and Zip Code	18		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
MILTON BLAYLOCK at ()	954 600-2686		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amoun	t:		
\$25 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. Name of the limited liability company: MUCN	TOWING LLC
2. (a) 566 NW 97th AUE	(b) PO BOX 16284
Principal office address of limited liability company:	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
Plantation FC	Plantation MC
33324	33318
7/8/2016	L 16000129503
3. Date of filing/registration in Florida	4. Document number
5. (a) Lowren M. Taylor	
Registered Agent and Registered Office shown on the records of th	ne Florida Dept. of State:
STOLONW 97th AUF	- -
Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)
	E P
010,10107180	022211
Plantation, FL	
MILTON BIALLOCK	
Enter name of NEW Registered Agent and/or NEW Registered (Office address:
Parter finance of NEW Registered Agent and of NEW Registered	mice address.
423 Sunshire F) <u>C</u>
NEW Registered Office Address:	
Coconut Cleek FL	3201010
COCOMO CECCO, FL	55000
If the limited liability company is not organized under the law	s of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of t agent will be identical. Or, in the case of a Florida limited lial	
was/were-authorized by an affirmative yote of the members of	the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the I	
Signature of a member or authorized representative of a member	Lowren W. Caylok
, (Printed or typed name of signee `
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept
provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I have	for in Chapter 603, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been
notified in willing of this enange.	
Signature of Registered Agent	