L16000161644

(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



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There will

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/03/2021		**WALK IN**
ENTITY NAME M&LPF	ROPERTIES OF FLORIDA, LLC	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy	* A #1,
	Certified Copy	
	Certificate of Status	
***	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATI	DN	_
NUMBER OF CERTIFICAT	ES REQUESTED	_
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
Please call Tina at the	c above number for any issues or concerns. Thank you so i	nuch!

COVER LETTER

TO: Registration Section Division of Corporations	Y				
SUBJECT: M & L PROPERTIES OF	F FLORIDA LLC				
Nam	e of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi-	ce Change and fee(s) are submitted for filing.				
Please return all correspondence concerning thi	s matter to the following:				
James Connolly					
Name of Person					
Harbor Compliance					
Firm/Company					
1830 Colonial Village Ln					
Address					
Lancaster/PA, 17601					
City/State and Zip Code					
corporate@harborcompliance.c	com				
E-mail address: (to be used for future annu	ual report notification)				
For further information concerning this matter,	please call:				
James Connolly	at (717) 431-9130				
Name of Person	at (717) 431-9130 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:					
2 \$25 Filing Fee	S55 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.

l. Na	ame of the limited liability company: M&LPRO	OPERTIE	S OF FLORIDA LLC
2. (a)	1508 SAMMONDS RD	(b)	
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE, POST OFFICE BOX)
	PLANT CITY, FL 33563		
	08/29/2016	L16	5000161664
3.	Date of filing/registration in Florida	- _{4.}	Document number
5. (a)	LESTER, MICHAEL D		
. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept	. of State:
	1508 SAMMONDS RD		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	() () () () () () () () () ()
	PLANT CITY FI	33563	
(b)	Registered Agents Inc.		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	in the second
	7901 4th St N		MOLENTALE MA 9: 57
	NEW Registered Office Address:		77. 5
	STE 300		
	St. Petersburg	33702	
ie char gent w /as/wei	mited liability company is not organized under the lange or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of the organization or the operating agreement of the funda.	f the registered ability compa of the limited limited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Signate	ure of a member or authorized representative of a member	Linua Le	Printed or typed name of signee
Bu	y accept the appointment as registered agent and aging ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I writing of this change. Bill Havre - Assistance of Registered Agent	ree to act in the performance d for in Chape hereby confire at Secretary	• • • • • • • • • • • • • • • • • • • •