L160016609

(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:			
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Office Use Only



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MECRETARY OF STATE

MECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MKST MANAGEMENT, 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:
Michelle T. Name of Person
MKST Management, LLC. Firm/Company
17914 Cadence Steet Address
Orlando FL 32820 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michelle T Naugew at (484) 620 - 9449 Name of Berson Area Code & Daytime Telephone Numb
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft 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

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: MKST Management, LIC.
2. (a)	Principal office address of limited liability company: Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	17914 Cadence Street 17914 Cadence Stree
	Orlando, FL 32820 Orlando, FL 32820
	<u>09-06-2016</u> <u>L16000166009</u>
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	MICHELLE T. NGUYEN
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	1745 W Oakridge Rd
(1.)	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	MICHELLE T NICHUEN
	NEW Registered Office Address:
	MICHELLE T. NGUYEN NEW Registered Office Address: 17914 Cadence Steeet
	<u>Oelando</u> , FL 32820
If the li	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after unge or changes are made, the Florida street address of the registered office and the business office of the registered
agent v	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the arti	cles of organization or the operating agreement of the limited liability company.
Signat	Mulliments Michelle T. Nourger ture of a member or authorized representative of a member Michelle T. Nourger Printed or typed name of signed
provisi the obl to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.
Signatu	re of Registered Agent

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