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To:

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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. N	ame of the limited liability company: MPC COUNTY	LINE, L	LC				
2. (a)	189 S ORANGE AVE	(b) 189 S ORA	ANGE AVE			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			dailing address of limited liabili (<u>Note: MAYBE POST OFF</u>			
	ORLANDO, FL 32801		ORLANDO), FL 32801	_		
	09/22/2016		L160001779	17			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	CORPORATE CREATIONS NETWORK INC.						
(b)	Registered Agent and Registered Office shown on the records of 801 US HWY 1. N	of the Flori	la Dept. of State	: 	2024		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(5)</u>		2024 OCT 1	Loanen utruse g g er fan	
	PALM BEACH, FL, F	L 33408		0	8 Р М		
	C T Corporation System			다. 고등	4 2: 5	3	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>			Lu .	б		
	NEW Registered Office Address:						
	1200 South Pine Island Road						
	Plantation, F	L_33324					
the cha agent v was/w	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reg liability of the li-	istered office ompany, it is mited liability	and the business office o hereby confirmed that the company or as otherwise	f the re e chang	gistered ge(s)	
Sin lance			KARA KOROSEC, MANAGER				
-	ture of a member or authorized representative of a member			Printed or typed name of signe			
There provis	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet lucations of my position as registered agent as provid	gree to a le perfori led for w	et in this cape nance of my g Chapter 605	icity. I further agree to co luties, and I am familiar y F.S. Or if this documen	omply v vith àn t is bei	with the d accept ng filed	

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compy 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, Thereby confirm that the limited liability company has been notified in writing of this change. By: CT Corporation System

Signature of Registered Agent SEARL EMERICK ASSISTANT SECRETARY

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25,00