

L16000209506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

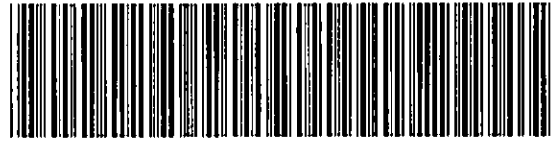
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400337425584

11/27/19--01000--032 \*\*25.00

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
19 NOV 27 PM 3:54

RA Change

JAN 10 2020

D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** M.R. Wilson L.L.C.

\_\_\_\_\_  
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:

Mark R. Wilson

\_\_\_\_\_  
Name of Person

M.R. Wilson L.L.C.

\_\_\_\_\_  
Firm/Company

10201 Walker Road Unit B

\_\_\_\_\_  
Address

Thonotosassa, Florida 33592

\_\_\_\_\_  
City/State and Zip Code

Inspectorbray@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Bray

813

404 4952

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
STATE  
DIVISION OF CORPORATIONS  
19 NOV 27 PM 3:54

**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: M.R. Wilson L.L.C.

2. (a) 10201 Walker Road Unit B (b) 10201 Walker Road Unit B

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Thonotosassa, Florida 33592

Thonotosassa, Florida 33592

11-16-2016

L16000209506

3. Date of filing/registration in Florida

4. Document number

5. (a) Richard L. Bray

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10201 Walker Road

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Thonotosassa, Florida 33592

, FL

(b) Mark R. Wilson

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

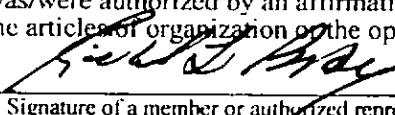
10201 Walker Road Unit B

**NEW** Registered Office Address:

Thonotosassa, Florida 33592

, FL

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.



Richard L. Bray

Signature of a member or authorized representative of a member

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**

RECEIVED  
DIVISION OF CORPORATIONS  
19 NOV 27 PM 3:54