## 116000218501

(Re	equestor's Name)						
(Ad	dress)						
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(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
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(Bu	isiness Entity Nan	ne)					
(Do	cument Number)						
Certified Copies	_ Certificates	of Status					
Special Instructions to	Filing Officer:						

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18 FEB 26 PN 12: 5
SECRETARY OF STATE
ALLAHACSEE ELOBER

K. SALY FEB 26 2018

## **COVER LETTER**

Division of Corporations	
SUBJECT: MC GLOBAL MANAGEMENT	SOLUTIONS, LLC
	f 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 n	natter to the following:
MICAH CONRAD	
Name of Person	
MC GLOBAL MANAGMENT SOLUTIONS	S, LLC
Firm/Company	<del></del>
1083 NORTH COLLIER BOULEVARD #2	19
Address	
MARCO ISLAND , FLORIDA 34145	
City/State and Zip Code	
MPC2416@HOTMAIL.COM	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
MICAH CONRAD	703 399-4692
Name of Person	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 an	iount:
□ \$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. 1	Na	me of the limited liability company: MC GLOBAL N	MAN/	١G	SEMENT	SOLUTIONS, L	.LC.
2. (a	ı) .		_ (	(b)			
`	, .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- \	. ,	M	Mailing address of limit (Note: MAY BE PO	
		1083 NORTH COLLIER BOULEVARD #219					
		MARCO ISLAND, FLORIDA 34145	<u> </u>				
		12/01/2016		L	.1600021	8501	
3.		Date of filing/registration in Florida	4.	_		Document number	<u> </u>
5. (	a)	WILLIAM G. MORRIS					
J. (	,	Registered Agent and Registered Office shown on the records of th	e Florie	da I	Dept. of State	:	
•		Registered Office Address (MUST BE FLORIDA STREET AND 1083 NORTH COLLIER BOULEVARD # 219		SS)			
		MARCO ISLAND , FL 3	34145	5			SECRE
(t	.\	MICAH CONRAD	·				FILED FEB 26 PH 12: 54 ECRETARY OF STATE LLAHASSEE, FLORIDA
(1	ָני.	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office a	ddı	ress:		EF OF S
							PH 12: 54 OF STATE E. FLORIDA
		NEW Registered Office Address:					F- "
		1083 NORTH COLLIER BOULEVARD # 219			····		
		MARCO ISLAND , FL	34145	5			
the c agen was/the a Sig I her prove the of to me	t we we will a second to the s	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability are of a member or authorized representative of a member only accept the appointment as registered agent and agreement of all statutes relative to the proper and complete p	the registry of the limited	gist cor mit l lia	tered office mpany, it is ted liability ability com	and the business of the short o	office of the registered I that the change(s) herwise provided in



February 8, 2018

MC GLOBAL MANAGEMENT SOLUTIONS, LLC MICAH CONRAD 1083 NORTH COLLIER BLVD. #219 MARCO ISLAND, FL 34145

SUBJECT: MC GLOBAL MANAGEMENT SOLUTIONS, LLC

Ref. Number: L16000218501

We have received your document for MC GLOBAL MANAGEMENT SOLUTIONS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 318A00002766

RECEIVED