Division of Corporations Electronic Filing Cover Sheet

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H180002397093ABC6

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: INCORP SERVICES INC Account Name

Account Number: I20120000007 : (702)866~2500 Phone

Fax Number

: (702)866-2689

Enter the email address for this business entity to be used for tuture annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE MAJR PROPERTIES GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

K. SALY AUG 1 7 2018

Electronic Filing Menu

(4)

Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	MAJR PROPERTIES GROUP LLC						
JUIN	Name of Limited Lizbility Company						
Dear S	Sir or Madam:						
Th e er	nclosed Registered Agent/Register	ed Office Char	nge and fe	e(s) are submitted for filing.			
Please	return all correspondence concert	ning this matter	r to the fol	llowing:			
	Courtney Thoma	38					
	Name of Person	ı		•			
	InCorp Services,	Inc.					
	Firm/Company						
	3773 Howard Hughes Pkw	y. Suite 500s					
	Address						
	Las Vegas, NV 8916	9-6014					
_	City/State and Zip (Code					
	documents@incorp).com					
	E-mail address: (to be used for fun	ure annual repo	ort notifice	ition)			
For fu	rther information concerning this	matter, please o	call:				
Cou	rtney Thomas	_ at (7028662500			
	Name of Person			Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRE	SS:	MAI	LING ADDRESS:			
Registration Section Division of Corporations			stration Section				
			Divis	ion of Corporations			
	Clifton Building			Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301		Talia	hassee, Florida 32314				
	Enclosed is a check for the fol	lowing amoun	ıt:				
	☑ \$25 Filing Fee		□ \$ 55	Filing Fee & Certified Copy			
INHSI	3 (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. N	ame of the limited liability company: MAJR PROPE	ERTIES	GROUP	LLC
2. (a)	6871 Sw 59 St	(b	6871	Sw 59 St
-: (c)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(<i></i>	Mailing address of limited liability company: (Note: MAY BR POST OFFICE BOX)
	Miami, FL 33143	_	Miami,	FL 33143
	01/25/2017		L17000	019751
3.	Date of filing/registration in Florida	4.		Document number
5 (-)	LEGALINC CORPORATE SERVICES, INC.			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of S	itale:
	5237 Summerlin Commons - Suite 400			_
	Registered Office Address CMUST RE FLORIDA STREET	- SEC		
	Fort Myers Ft	33	3907	B AUG 16 AH CONTENT OF STATE TALLANIAS SEE, FLORID
(b)	InCorp Services, Inc.			Frig. 3
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	FLOOR TO STORY
	17888 67th Court North			RIDA
	NEW Registered Office Address:	· · · · ·		
	Loxahatchee, FL	33	3470	-
the chi agent was/w	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of igles of organization of the operating agreement of the	f the regis ability co of the lim	itered off mpany, i ited liab	fice and the business office of the registered it is hereby confirmed that the change(s) Hity company or as otherwise provided in
	WEIGHT			John E. Healy
	ture of a member or authorized representative of a member			Printed or typed name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a charge in the registered office address. I d in writing of this change.	ree to act e performe d for in C hereby co	in this cance of manter the confirm the confirmation that the confir	apacity. I further agree to comply with the sy duties, and I am Jamiliar with and accept 505, F.S. Or, if this document is being filed at the limited Itability company has been
Signer:	Courtney Thomas on behalf of			
	Division of Corporations • P.O. 1			assee, FL 32314
~~~	FILING F	EE: \$25.	00	
HS18 (2	/14)			