L17000044419

(Requestor's Name)									
(Address)									
(Address)									
(Ćity/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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9-15-20

COVER LETTER

TO:	Registration Section Division of Corporations		•
SUBJE	MCrc Industries, LLC		
		nited Li	ability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office Chan	ige and i	fee(s) are submitted for filing.
Please	return all correspondence concerning this matter	to the f	following:
	Angela (Angi) Perretti		
	Name of Person		
	MCrc Industries, LLC		
	Firm/Company		_
	603 East Oakland Avenue		
	Address		
	Oakland, Florida 34787		
	City/State and Zip Code	_	
	angiperretti@gmail.com		
E	-mail address: (to be used for future annual repo	rt notifi	cation)
For fur	ther information concerning this matter, please o	all:	
Aı	ngi Perretti at (407	245-1254
	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 amoun	t:	
	\$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy
INHSI	8 (2/14)		

9-15-20

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.

I. Na	ume of the limited liability company:MCrc Indust	tries, LLC							
2. (a)	MCre Industries, LLC	(b)_	MCre Ir	ndustries, LLC					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	603 East Oakland Avenue		603 Ea	ast Oakland Av	enue				
	Oakland, Florida 34787		Oakla	Oakland, Florida 34787					
	October 2, 2017		L1700	00044419					
3.	Date of filing/registration in Florida	4.	Do	ocument number					
5. (a)	LEGAL ZOOM REGISTERED AGENT								
	Registered Agent and Registered Office shown on the records of t United States Corporation Agents, Inc.	the Florida D	ept. of State:						
	Registered Office Address (MUST BE FLORIDA STREET A			<u>[-]</u>	20				
	5575 S. Semoran Blvd, Suite 36				7.53	2020 S	∰atran		
	Orlando, FL	32822			L AH.	SEP II	distants Promise		
(b)	Angela Perretti				ASSE ASSE	8 AH			
()	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	<u>css</u> :		ST/	بي			
	Angela Perretti				T T	22			
	NEW Registered Office Address: 1781 White Feather Loop								
	Oakland, FL	34787							
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the ture of a member or authorized representative of a member	registered bility com of the limite	office and the pany, it is he call liability comparts. Angela	he business office ereby confirmed company or as ot	ce of the that the herwise	regist chang provi	tered ge(s)		
provisi the obl to mero notified	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. I have in writing of this change. The of Registered Agent 9-15	performan I for in Chi iereby conj	ce of my dut	ties and Lam ta	miliar w	ith an	a accent		