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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Document Number)		
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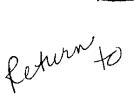
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TALLAHASSEE, FINALE

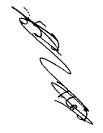
D. BRUCE JUN 19 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Applegate MHC, LLC 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:
Kerri Ball Name of Person
Applegate MHC, LLC Firm/Company
101425 Overseas Hwy # 360 Address
Key Largo FL 33037 City/State and Zip Code
Key Largo FL 33037 City/State and Zip Code Kerriball @ yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Kerri Ball at (218) 368-1652
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 amount:
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy
INHS18 (2/14) Paid 35 previoubly - Letter 10 ± 517 A 000 10 684







FLORIDA DEPARTMENT OF STATE Division of Corporations

From

May 26, 2017

KERRI BALL
APPLEGATE MHC, LLC
101425 OVERSEAS HWY #360
KEY LARGO, FL 33037

SUBJECT: APPLEGATE MHC, LLC

Ref. Number: L17000085559

We have received your document for APPLEGATE MHC, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

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

Shelia H Young Regulatory Specialist II

Letter Number: 517A000106

RECEIVED

TJUNIS PRINTS

SECRETARIA SEE FLORES

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: Applegate MHC, LLC
2. (a) Appleate MHC, LLC Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
101425 Overseas Hwy #360 . 101425 Overseas Hwy #36
Key Largo FL 33037 Key Largo FL 33037
4/18/2017 L17000085559 3. Date of filing/registration in Florida 4. Document number
5. (a) Victor J. Troiano Appleaate MHC, LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Victor J. Troiano Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
317 S. Tennessee
hakeland ,FL 33801 LARE T
(b) Kerri Ball Applegate MHC, LLC Enter name of NEW Registered Agent and/or NEW Registered Office address: Kerri Ball 101425 Overseas Huy # 360 NEW Registered Office Address:
101425 Overseas Hwy # 360
Key Largo ,FL 33037
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.
Kerri Ball Signature of a member or authorized representative of a member Rerri Ball 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.
Kerri Ball Signature of Registered Agent