

L17000259469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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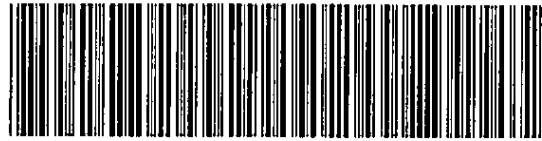
(Business Entity Name)

(Document Number)

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SECOND DEPT. OF STATE  
TALLAHASSEE, FL

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JAN 17 2020  
C Kinsey

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MC STORAGE LYCOMING, 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:

MATTHEW PARMUNELLO  
Name of Person

MUSTARD STREET MANAGEMENT, LLC  
Firm/Company

900 LINDEN AVE  
Address

ROCHESTER, N.Y. 14625  
City/State and Zip Code

MATTHEW.PARMUNELLO@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW PARMUNELLO at ( 585 ) 233-1700  
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

**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: MC STORAGE LYCOMING, LLC
2. (a) 601 N. CONGRESS AVE  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
SUITE 114  
DELRAY BEACH, FL 33445
- (b) 601 N. CONGRESS AVE  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
SUITE 114  
DELRAY BEACH, FL 33445
3. 12/20/2017  
Date of filing/registration in Florida
4. L17000259469  
Document number
5. (a) LOU ANN MARCIANO  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
8205 QUINTO PLACE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
WELLINGTON, FL 33414
- (b) TED FLOR  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
138 MARINE WAY  
**NEW** Registered Office Address:  
DELRAY BEACH, FL 33483

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TALLAHASSEE, 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.

[Signature]  
Signature of a member or authorized representative of a member

TED FLOR, MANAGER  
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]  
Signature of Registered Agent