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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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D SCOTT

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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: MBG RECRU	ITMENT L	LC	
2. (a)		_ (b)		
- . (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited (Note: MAY BE POS	
	803 CROSSWINDS DR			·
	BRANDON, FL 33511			
	02/01/2018	L18	3000029647	rs.7
3.	Date of filing/registration in Florida	4.	Document number	
r /.	LEGALING CORPORATE SERVICES INC.			
5. (a	Registered Agent and Registered Office shown on the records of	the Florida Dep	ot of State:	<u>.</u>
	5237 SUMMERLIN COMMONS BLVD STE			
	Registered Office Address MUST BE FLORIDA STREET ADDRESS			
				14.8
	FORT MYERSFI	33907		O ⁻
(b)	ROCKET LAWYER CORPORATE SERVICE	ES LLC		
	Enter name of NEW Registered Agent and/or NEW Registered	<u> </u>		
	155 OFFICE PLAZA DRIVE, 1ST FLOOR		<u> </u>	
	NEW Registered Office Address:			
	TALLAHASSEE	32301		
the cl agent was/v	limited liability company is not organized under the la nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	ws of the Sta f the register lability comp of the limited	ed office and the business of any, it is hereby confirmed I liability company or as oth	ffice of the registered that the change(s)
12	homes Stell	JESSIC	CA SCHOLL, AUTHORIZED	REPRESENTATIVE
- 2	nature of a mention or authorized representative of a member	•	Printed or typed name	•
the or to me	eby accept the appointment as registered agent and agesions of all statines relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I led in writing of this change.	e perjormanc ed for in Cha	e oj my guities, ana i am jam pter 605, F.S. Or, if this do	uuar wun ana accep cument is being filed
Signa	X-Herera ASS Xerctug			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 **FILING FEE: \$25.00**

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