## 11800036178

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	,
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

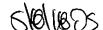
Office Use Only



200312956272

05/04/18--01020--008 \*\*25.00

TITO



## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations			
SUBJECT:	Mattar Group, LLC			
SCHIECT.	Nar	ne of Limited L	ability Company	
Dear Sir or N	Madam:			
The enclosed	d Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing	ng.
Please return	all correspondence concerning th	nis matter to the	following:	
William K.	Mattar			
	Name of Person		_	
William Ma	attar, P.C.			
	Firm/Company		_	
6720 Mair	Street, Suite 100			
	Address		<u> </u>	
Williamsvi	lle, NY 14221			
	City/State and Zip Code		<del></del>	
shirley@w	illiammattar.com			555
E-mail	address: (to be used for future an	nual report notif	ication)	
For further i	nformation concerning this matter	, please call:		TATURAY - U P E 05
Wiliiam K.	Mattar	716	633-3535	<i>7</i> ₹
	Name of Person		Area Code & Daytime Te	lephone Number
Reg Divi Clifi 266	REET/COURIER ADDRESS: istration Section ision of Corporations iton Building 1 Executive Center Circle ahassee, Florida 32301	Re Di P.G	gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314	
Enc	losed is a check for the following	g amount:		
<b>X</b> \$	25 Filing Fee	□ \$:	55 Filing Fee & Certified Co	ppy

## 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. Na	ame of the limited liability company: Mattar Group, I	LLC		
2. (a)	Mattar Group, LLC	(h	(b) William Mattar, P.C.	
_, (,,)	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)	
	27499 Riverview Center Boulevard, Suite 245	i	6720 Main Street, Suite 100	
	Bonita Springs, FL 34134	-	Williamsville, NY 14221	
	February 12, 2018		L18000036178	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Claudia De Jesus  Registered Office Address (MUST BE FLORIDA STREET AL 27300 Riverview Center, Suite 103	DDRESS 34134 Office add	4 address:	e g
	Bonita Springs , FL3	34134	<i>i</i> r	
signal I here provise the obtomer potified	dimited liability company is not organized under the laws ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabilities of a member or authorized representative of a member obly accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	s of the he registify continued limited limite	ne State of Florida, it is hereby confirmed that after gistered office and the business office of the regist company, it is hereby confirmed that the change(simited liability company or as otherwise provided it liability company.  Filliam K. Mattar  Printed or typed name of signee	tered s) in

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