

(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiless Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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FILED

T GLASS JUN 17 2019



May 23, 2019

CHRISTOPHER MERRELL 319 CLEMATIS STREET STE J._ WEST PALM BEACH, FL 33401

SUBJECT: MATAGO, LLC Ref. Number: L18000053775

We have received your document for MATAGO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 719A00010499

RECEIVED
JUN 10 2019

www.sunbiz.org

Division of Corporations - P.O. ROY 6327 - Mallahasson, Florida 32314

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Mame 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:					
Christopher Merrell Name of Person					
Matago, LLC Firm/Company					
319 Clematis Street Ste. 812					
Address West Palm Beach, FC 33401 City/State and Zip Code accounting @ccaconsult.com E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Rochelle Spence at (SQ1) 671-9996 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)					

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.

2. (a) 319 Clematis Street (b) Principal office address of timited liability company: (Note: MAT BE STREET ADDRESS) Ste. 812 West Palm Beach, FC 3340 O 2/28/18 3. Date of filing/registration in Florida 4. Document number 5. (a) Christopher Mercell Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 319 Clematis Street Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Ste. 812 West Palm Beach, FL 33401 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: Street Registered Office Address: NEW Registered Office of Elorida Street address of the 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 sign of the change or changes are made, the Florida street address of the registered office and the business office of the registered sign of the change or changes are made, the Florida street address of the registered office and the business office of the registered sign of the change or changes are made, the Florida street address of the registered office and the business office of the registered office and the business office of the registered superior 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 of a member or authorized representance of an ember Printip of yoped name of signee I hereby accept the appointment as registered agent and agree to acc in this capacity. I further age to comply with the provisions of all stantages retainly to the proper and complete performance of medical and agree to accomply with the provisions of all stantages retainly to the proper and complete performance of medical and agree to accomply with the	l. N	ame of the limited liability company: Matago, U	<u>.</u>
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00	(ssee, FL 32314