L18000 066 421

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	⇒ #)
_	_	
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nan	ne)
(Docu	ıment Number)	- •••
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer	
	mig Gilloon,	
	- (A	ול
		k
		`

Office Use Only



300395307843

16.07.22--01011--023 **25.00

1072 OCT -7 AM 8: 26

COVER LETTER

TO: Registration Section Division of Corporations	·	
SUBJECT: MTGL Name of Lim	LLC ited Liability Company	
Dear Sir or Madam;		
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter t	·	
_ Edward W. Becker	<u> </u>	
Firm/Company	ASSS	
11908 Greengade Drive	1 8: 26 EE. FL	
Huasa FL 3469 City/State and Zip Code	· 	
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please ca	II:	
Marie Collins at ()	777) 907.7330 Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
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. Na	ame of the limited liability company: MTGL LLC
	38349 County Road St (b) 11908 Creenate Drive
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Zephyrhills, FL 33542 Hudson Fl 3466
	3/14/2018 4-18000066421
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Brown Sperger 3 Mc55 neo LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	38349 Canty Rond 54
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Zephyrhills ,FL 33542
(b)	Mca Accounting Services & bookeeping Entername of NEW Registered Agent and/or NEW Registered Office address:
	12 LOH THACA Avenue NEW Registered Office Address:
	Hudson ,FL 3447
	F140500 ,FL 3744)
change agent v was/wo	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the limited liability company.
	Stre of a member or authorized representative of a member Edward W. Becker Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been din writing of this change.

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

Signature of Registered Agent