L18000106335

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R. WHITE.
'JUN 12 2019

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: MLF Seminole, LLC | |
| Name of Li | imited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Cha | ange and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | er to the following: |
| Daniel L. Foster | |
| Name of Person | |
| MLF Seminole, LLC | |
| Firm/Company | |
| 11433 82nd Ave. | |
| Address | |
| Seminole, Fl 33772 | |
| City/State and Zip Code | |
| dan@spengatampabay.com | |
| E-mail address: (to be used for future annual repo | ort notification) |
| For further information concerning this matter, please | call: |
| Daniel L. Foster at (| 727 260-1353 |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building 2661 Executive Center Circle | P.O. Box 6327 |
| Tallahassee, Florida 32301 | Tallahassee, Florida 32314 |
| Enclosed is a check for the following amoun | nt: |
| ☑ \$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.

| 1. Na | ame of the limited liability company: MLF Semino | le, LLC | | | |
|---------------------------------|---|--|--|---|---|
| 2. (a) | | <u> </u> (b) | | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mai | iling address of limite Note: MAY BE POS | |
| | 11433 82nd Ave. | | 11433 82n | nd Ave. | |
| | Seminole, FI 33772 | | Seminole, | e, Fl 33772 | |
| | 12-29-2017 | | L1800010 | 6335 | |
| 3. | Date of filing/registration in Florida | 4. | Do | ocument number | |
| 5. (a) | | | | | |
| () | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of State: | | |
| | UNITED STATES CORPORATION AGENT | S, INC. | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | | | |
| | 13302 Winding Oak Court A | | | | |
| | Tampa .FL | 33612 | | | |
| | , | - | | ÷ | 2019 HAY |
| (b) | Daniel Foster | | | • | 7. (5.F) |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office add | 'ess': | | 28 |
| | | | | | -P , ; ; ; |
| | NEW Registered Office Address: | | | _ | à Ĉ |
| | 11433 82nd Ave. | | | - | . <u> </u> |
| | 11433 6211d AVE. | <u> </u> | | | 9 |
| | Seminole, FL | 33772 | | | |
| If the li | imited liability company is not organized under the lay | vs of the S | itate of Florid | da it is haraby so | infirmed that after |
| tne cna agent w was/we | nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liest authorized by an affirmative vote of the members of the operating agreement of the | the regist ability con of the limit | ered office an apany, it is he ed liability co | nd the business of ereby confirmed t ompany or as oth | ffice of the registered that the change(s) |
| d | Janiel L. Fosts | Dani | el L. Foster | r | |
| | ure of a member or authorized representative of a member | | | inted or typed name o | • |
| the obli to mere notified | by accept the appointment as registered agent and aground on sof all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change. | ree to act i performan d for in Ch hereby con | this capacit ice of my duti apter 605, F. firm that the | ty. I further agre ies, and I am fam .S. Or, if this doc limited liability c | e to comply with the viliar with and accept cument is being filed company has been |

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