Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future onnual report mailings. Enter only one email address please. $\qquad \qquad \omega$

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018 AUG 16 PH 12:58

LLC REGISTERED AGENT CHANGE MDRC PROPERTIES LLC

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EXAMINER

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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.	Na	ime of the limited liability company: MDRC	PROPE	RTIE	S LLC		
2	(a)	190 4TH AVE	(b)	190 4TI	H AVE		
~	(6)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		HOLTSVILLE, NY 11742		HOLTS	VILLE, NY 1174	2	
		07/23/2018	 L	180001	76681		
3.		Date of filing/registration in Florida	4.		Document number		
£	('a)	FINKBEINER, CHET				疆	
э.	(a)	Registered Agent and Registered Office shown on the record	ls of the Florida D	ept of State:			
		4519 SE 16TH PLACE			•	AUG _	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			ن ا أن ا مدر ب	<u>a</u> 1-	
		UNIT 109				>> i i i i i i i i i i i i i i i i i i	
		Cape Coral	. FL 33904		V	. မှ မေ မေ	
	(b)	Registered Agents Inc.				œ	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office addre	<u>ess</u> :			
		3030 N. Rocky Point Dr.					
		NEW Registered Office Address.					
		STE 150A					
		Tampa	. _{FL} 33607				
the age was	cha nt w s/we	mited liability company is not organized under the nge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the memberles of organization or the operating agreement of	s of the registe d liability com ers of the limite	red office pany, it is ed liability	and the business office hereby confirmed that company or as otherw	of the registered the change(s)	
		ure of a member or authorized representative of a member	Riley	Park			
S	ignat	ure of a member or authorized representative of a member			Printed or typed name of sig	gnee	
I h pro the to r	erch wisid obli nerc	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as prov ily reflect a change in the registered office address	agree to act in lete performan vided for in Ch s, I hereby conj	i this capa ce of my d apter 605, firm that ti	city. I further agree to uties, and I am familia F.S. Or, if this docum he limited liability com	comply with the r with and accept ent is being filed pany has been	

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

-President

notified in writing of this change.

Bil

Signature of Registered Agent

Bill Havre