## L18000 180 012

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dushiess Chuty Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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Sept. 6/19

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	Matel Financing Solutions SUBJECT:					
	Nam	e of Limited	Liability Company			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.			
Please	return all correspondence concerning the	is matter to th	ne following:			
Micha	ael Erik Buchenhorner					
	Name of Person					
Matel	Financing Solutions					
	Firm/Company	· <u>-</u>	<del></del>			
1300	Ponce De Leon Blvd Apt 707					
	Address	_	<del></del>			
Coral	Gables Florida 33134					
	City/State and Zip Code	,	<del></del>			
	nelbuchenhorner@yahoo.com					
Е	-mail address: (to be used for future ann	ual report no	tification)			
For fur	ther information concerning this matter.	please call:				
Micha	el Erik Buchenhorner	305	321-9718			
	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	F 1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314			
	Enclosed is a check for the following	amount:				
	<b>☑</b> \$25 Filing Fee	٥	\$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. N	ame of the limited liability company: Matel Financ	ing Solution	ns			
2. (a)	Michael Erik Buchenhorner	(b) M	hael Erik Buchenhorner			
<b>ω</b> . (α)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(")	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	1300 Ponce de león blvd Apt 707	13	100 Ponce de león blvd apt 707			
	Coral Gables Florida 33134		Coral Gables Florida 33134			
	07/27/2018	L18	3000180612			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)						
J. (a.	Registered Agent and Registered Office shown on the records o	f the Florida Dep	nt. of State:			
	UNITED STATES CORPORATION AGENT	rs, inc.				
	Registered Office Address (MUST BE FLORIDA STREET	`ADDRESS)	<del></del>			
	5575 S. SEMORAN BLVD SUITE 36					
	Orlando , F	32822	Time source and source			
			<i>₹</i> >			
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	;T1			
	Michael Erik Buchenhorner					
	NEW Registered Office Address:		<del></del>			
	1300 Ponce De Leon Blvd Apt 707					
	Coral Gables	L <sup>33134</sup>				
the chagent was/w the art Signar I here provise the obtone metallic control of the control of the control of the control of the chage c	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the attree of a member or authorized representative of a member and accept the appointment as registered agent and accept on the proper and complete digitations of my position as registered agent as providing the reflect a change in the registered office address. It is a complete that the proper are a change in the registered office address. It is a complete that the proper and complete the proper	of the registere liability compof the limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.  Printed or typed name of signee this capacity. I further agree to comply with the			