48000215564

	(Requestor's Name)						
(Address)							
(Address)							
	(City/State/Zip/Phone #)						
PICK-U	P WAIT MAIL						
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates of Status						
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	MCCOY'S HILLBILLY BBQ	MCCOY'S HILLBILLY BBQ LLC					
Name of Limited Liability Company							
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the fo	ollowing:				
MARI	ANNE L. CSIGI						
	Name of Person						
MCC	OY'S HILLBILLY BBQ LLC						
	Firm/Company		_				
1107	Key Plaza, Suite 223						
-	Address		-				
Key V	Vest, FL 33040						
	City/State and Zip Code	·	-				
mcco	yshillbillybbq@gmail.com						
Е	-mail address: (to be used for future ann	ual report notific	ation)				
For fur	ther information concerning this matter,	please call:					
Maria	nne L. Csigi	305	849-2349				
	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	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314				
	Enclosed is a check for the following	amount:					
	2 \$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.

	me of the limited liability company: MOCOT STILL MARIANNE L. CSIGI					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (1	b)	Mailing address of limited lia		•
	1301 Atlantic Drive		1107 K	Key Plaza, Suite 223	11102 BOA	J.
	Key West, FL 33040	_	Key W	est, FI 33040		
	09/10/2018		L18000	215564		
3.	Date of filing/registration in Florida	4,	-	Document number		
5. (a)	Charles W McCoy					
J. (a)	Registered Agent and Registered Office shown on the records of the	he Florid	la Dept. of St	tate:		
	1301 Atlantic Drive, Key West, Fl 33040		20			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				19	
	1301 Atlantic Drive				2019 17 - 1	•
	Key West	33040			2	
	FL_				7	- 1
(b)	Marianne L Csigi					أميد
, , ,	Enter name of NEW Registered Agent and/or NEW Registered O	Office ac	ldress:	_	9: 09	
	Marianne L Csigi					
	NEW Registered Office Address:	_				
	1301 Atlantic Drive			<u> </u>		
	Key West . FL	33040	1	_		
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of tivil be identical. Or, in the case of a Florida limited lial cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regi bility co the lin imited	istered offi ompany, it nited liabil	ce and the business office is hereby confirmed that lity company or as otherw ompany.	of the reg	gistered e(s)
Signat	ture of a member of authorized representative of a member			Printed or typed name of si	gnce	
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete t igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	erforn Tör in	iance of m Chaptèr 6	y duties, and I am familia 05, F.SOr, if this docum	r with and ent is bein	accept v filed

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