## 118000247756

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





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## **COVER LETTER**

TO: Registration Section Division of Corporations		
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SUBJECT: Micdon 11C	,	
Name	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
M-, Chcel Dona Name of Person	Muc	
M, C don U C Firm/Company		
Firm/Company ·		
65 Red Bud L	21 32461 213	
Address .		
Seaclest Beach f	71 32461 Fine	E
City/State and Zip Code		
E-mail address: (to be used for future annu	at report notification)	
For further information concerning this matter, p		
Michael Dorahuc	at (203) 704-7199	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following a	imount:	
☑ \$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 Nai	me of the limited liability company: Michon 11 C
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida  L18000247756  Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  7817 Lowh foot Of New Port Richie Fl 34653  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	65 Rcd Bud Lone Apt 313 Sourcest Beach Fl 32461 NEW Registered Office Address:
	,FL
the cha	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange 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) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.  Printed or typed name of signee
I here provisi the obj to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered affice address. Thereby confirm that the limited liability company has been d in writing of this change.

Signature of Registered Agent