L19000022489

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





000325540990

02/28/19--01008--020 **25.00



1.0/07/19

COVER LETTER

	egistration Section ivision of Corporations				
SUBJEC'	mK TV LLC				
SOIMI.C		me of Limite	ed Liability Company		
Dear Sir o	or Madam:				
The enclo	sed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.		
Please ret	urn all correspondence concerning th	nis matter to	the following:		
Syed Mo	uzammil Hussain				
	Name of Person				
MK TV I	LLC			23	
	Firm/Company			919 F1	Þ
4716 W	est Atlantic Blvd Apt #303		<u>보</u> 첫	INISPEB 28 Secretain	FIL
	Address				E0 0
Margate	, Florida 33063			PM 3: 20	· ·
	City/State and Zip Code	- 		<u>[</u> 0	
hamid.d	urreh@gmail.com				
E-ma	ail address: (to be used for future and	nual report r	notification)		
For furthe	r information concerning this matter	, please call	:		
Durreh S	S Hamid	954 at (7297836		
	Name of Person	··· (Area Code & Daytime Telephone Nur	nber	
Ro Di CI 26	rretr/courier address: egistration Section ivision of Corporations ifton Building 61 Executive Center Circle allahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Eı	nclosed is a check for the following	g amount:			
Ø	\$25 Filing Fee	C	\$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: MK TV LLC		
2. (a)	4716 West Atlantic Blvd	(b)	
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Apt # 303		
	Margate, FL 33063		
	01/22/2019	L19	9000022489
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Hussain, Syed Muzammil		
()	Registered Agent and Registered Office shown on the records of t	he Florida Dept	t, of State:
	4716 West Atlantic Blvd		20
	Registered Office Address (MUST BE FLORIDA STREET A	PAPP 2019 FEB SECRET FALLAND	
	Apt # 303		1
	Margate FL_	33063	AND
(b)	Durreh S Hamid		OF STU
()	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	4716 West Atlantic Blvd		-
	NEW Registered Office Address:		
	Apt # 303	······································	
	Margate	33063	
ne cna igent w was/we he arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization, or the operating agreement of the law.	the registered bility compain the limited limited limited limited liabili	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Signat	ure of a member or authorized representative of a member	··· ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Printed or typed name of signee
he obli o m ere	ny accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I ha I in writing of this change.	e to act in the performance for in Chapt ereby confire	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept for 605, F.S. Or, if this document is being filed in that the limited liability company has been
 Signatur	auh E Muriel v of Registered Agent		