## L19 0000 50329

Office Use Only



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## **COVER LETTER**

	egistration Section ivision of Corporations					
SUBJECT	r: MLB Capital Investments, LLC		mited I	iability Company		
	ivanic	OI LI	inited L	lability Company		
Dear Sir o	r Madam:					
The enclos	sed Registered Agent/Registered Offic	e Cha	nge and	fee(s) are submitted for filing.		
Please retu	urn all correspondence concerning this	matte	r to the	following:		
	Michelle Arnold					
	Name of Person					
Corporate Assist, Inc.						
	Firm/Company	•				
	7842 Land O' Lakes Blvd, Suite	‡109				
	Address	-		<del></del>		
	Land O' Lakes, FL 34638					
	City/State and Zip Code					
	michellea@corporate-assist.com					
E-ma	ail address: (to be used for future annua	al repo	ort notifi	cation)		
For further information concerning this matter, please call:						
Michelle	Arnold	at (	727	)368-1015		
	Name of Person			Area Code & Daytime Telephone Number		
<u>M</u>	ailing Address:			Street Address:		
	egistration Section			Registration Section		
	ivision of Corporations			Division of Corporations		
P.O. Box 6327				The Centre of Tallahassee		
Ta	Illahassee, FL 32314			2415 N. Monroe Street, Suite 810		
				Tallahassee, FL 32303		
Er	nclosed is a check for the following a	moun	t:			
☐ \$25 Filing Fee		<b>⊠</b> \$5	\$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: MLB Capita	l Investmen	ts , LLC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3717 Lifford Circle		3717 Lifford Circle
	Tallahassee, FL 32309		Tallahassee, FL 32309
	February 20, 2019		L19000050329
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Daren C Brown Registered Agent and Registered Office shown on the records of		Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	<b>2028</b>
	3717 Lifford Circle		2028 DEC
	Tallahassee	FL 32309	
(b)	Michelle Arnold  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporate Assist, Inc.	ed Office addr	= 1
	NEW Registered Office Address:	····	<del></del>
	7842 Land O' Lakes, Blvd, Suite #109		<del></del>
	Land O' Lakes	L_34638	
change agent v was/w the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the distribution of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address.	ne registered liability come of the limited liable limited liable.  Dare	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in polity company.  en C. Brown  Printed or typed name of signee  this canacity. I further agree to comply with the
notiției A <b>l</b>	d in writing of this change.  Lead of Registered Agent	- •	

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