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## **COVER LETTER**

Division of Corporations				
SUBJECT: The Mona Group LLC  Name of Limited Liability Company				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
T+eplen F. Mona Name of Person				
The MONA GROUP, LLC Firm/Company				
9/ 5AN JUAN DR. # CC-3 Address				
Ponte Vedra Beach, FL. 32082 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
THEVE MONA at (904) 755-3834				
Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
\$\frac{1}{2}\$\$ Filing Fee \$\Bigsize \$\\$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 compan submits the following statement in order to change its registered office or registered agent, or both, in the State c Florida.

MADRIA FRANCE

Tho

1. N	ame of the limited liability company:	ROUP, 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)
	91 SAN JUAN DR. # 66-3 91	SAN JUAN DR. # CC
	Ponte Vedra Beach, FL. Pon 32082	te ve dia Beach, 1
	February 25, 2019 219	, -
3.	Florida 25, 2019 219  Date of filing/registration in Florida 4.	Document number
5 (a)	Stephen F. Mona Registered Agent and Registered Office shown on the records of the Florida Dept. of S	
J. (u.)	Registered Agent and Registered Office shown on the records of the Florida Dept. of S	tate:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	- 50 TO
	91 SAN JUAN DRIVE # CC-	3 5 5 5 7
	Ponte Vedra Beach FL 32082	
<b>(</b> b)		를 끌고
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	- 1:30 - 30
	NEW Registered Office Address:	
	91 SAN JUAN DAIVE # CC	~-3 
	Mate VedRA BEACh FL 3200	
the chagent was/w	limited liability company is not organized under the laws of the State of ange or changes are made, the Florida street address of the registered off will be identical. Or, in the case of a Florida limited liability company, i ere authorized by an affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability of the operations.	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

STEPHEN F. MONA
Printed or typed name of signee

Signature of Registered Agent

Signature of a member or authorized representative of a member