

L190000 69553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

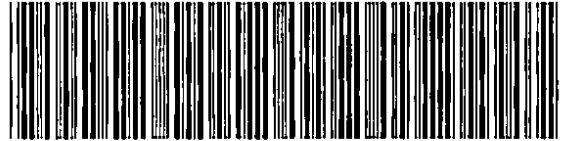
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
AND FINANCIAL SERVICES

2020 MAR 24 AM 8:10

FILED

APR 08 2020

S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mc France  
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:

Robert C. France  
Name of Person

Mc France  
Firm/Company

1602 Stonehaven way  
Address

Tarpon Springs FL 34689  
City/State and Zip Code

RNRFrance1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert C. France at (727) 236-0661  
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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Mc France
2. (a) 1602 STONEHAVEN WAY 1602 STONEHAVEN  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
TAMPA SPRINGS FL TAMPA SPRINGS FL  
34689 34689

3. 3-12-19 / Today 3-20-2020 4. L 19000069553  
Date of filing/registration in Florida Document number

5. (a) LEGALZOOM  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

UNITED STATES CORPORATION AGENTS  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_, FL \_\_\_\_\_

- (b) Robert C. France  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1602 STONEHAVEN WAY

**NEW Registered Office Address:**

TAMPA SPRINGS

\_\_\_\_\_, FL 34689

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Robert C. France  
Signature of a member or authorized representative of a member

Robert C. France  
Printed or typed name of signer

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.

Robert C. France  
Signature of Registered Agent

**FILED**  
2020 MAR 24 AM 8:10  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FL 32314