## L190000 78221

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R. WHITE

## COVER LETTER

TO: Registration Section Division of Corporations	\$					
SUBJECT: Murdock Capital Holdings, LLC Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.					
Please return all correspondence concerning thi	s matter to the following:					
Jordan Cohen	<u> </u>					
Name of Person						
JM Cohen Law Firm/Company	PA					
9100 NW 26th PL Address						
Address						
SUNPISE FL 333° City/State and Zip Code	22					
E-mail address: (to be used for future annu	ual report notification)					
For further information concerning this matter,						
Dustin Lauer	at (407) 634 - 6775					
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					

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. Na	ame of the limited liability company: Mu	rdock	< Capital	Holdings, LLC
2. (a)				ORANGE AUE.
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(+/_	Mailing add	dress of limited liability company:  1.4Y BE POST OFFICE BOX)
	SUITE 2300		SUIT	TE 2300
	ORLANDO FL 32801		ORLE	4ND0 FC 32801
	3/20/19		L190	000078221
3.	Date of filing/registration in Florida	4.	Docume	nt number
5. (a)				
	Registered Agent and Registered Office shown on the records of t	he Florida De	ept, of State:	
	1000 LEGION PLAC	E		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		2
	SUITE 1200	<del></del>		2019 F.
	ORLANDO FL	328	501	
		·		10
(b)	•			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	<u>ss</u> :	00 =
	390 N ORANGE	AVE.		23
	NEW Registered Office Address:			
	SUITE 2300	<del></del>		
	ORLANDO FL	3280	<u> </u>	
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the register ability completed find the complete the complete complete the complete complete complete the complete compl	red office and the pany, it is hereby of liability company.	business office of the registere confirmed that the change(s) ny or as otherwise provided in
Sign:	uure of a member or authorized representative of a member		Dust IN Printed or	LAUER
I here provis the ob to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have the complete of this change.	ee to act in performand t for in Cha hereby conj	this capacity. I fi	irther agree to comply with th

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

Signature of Registered Agent