L190000994470

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
		:			
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COVER LETTER

	Registration Section Division of Corporations			
SUBJE	MILLENNIA CAPITAL GROU	JP, LLC.		
00202		ame of Limited	Liability Company	
Dear Si	r or Madam:			
The enc	losed Registered Agent/Registered O	office Change an	d fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning	this matter to th	e following:	
Donald	Powell			
	Name of Person			
MILL	ENNIA CAPITAL GROUP, LLC.			
	Firm/Company			
102 Dre	ennan Rd, Ste A1,			
	Address			
Orlando	o, FL 32806			
	City/State and Zip Code			20
Capital	GroupMCG@Gmail.com		:	2020 FF 13
E-	mail address: (to be used for future a	nnual report not	ification)	01 82
For furt	her information concerning this matte	er, please call:		
Donald	Powell	352	427-9368	P! 12:
	Name of Person	*** (Area Code & Daytime Telephone Number	· N
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following	ng amount:		
	□ \$25 Filing Fee Paid		\$55 Filing Fee & Certified Copy	
INHS18	(2/14)			



January 10, 2020

DONALD POWELL 102 DRENNAN RD STE. A1 ORLANDO, FL 32806

SUBJECT: MILLENNIA CAPITAL GROUP LLC.

Ref. Number: L19000099470

We have received your document for MILLENNIA CAPITAL GROUP LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

The document must also contain the address of the registered agent which must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 820A00000673

www.sunbiz.org

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.

l.	Na	me of the limited liability company:	LENNIA CAF	PITAL	. GROUP, LI	LC.
2.	(a)	102 Drennan Rd, Ste A1, Orlando, FL 3280	6	C	P.O. Box	388, Gotha, FL 34734
	()	Principal office address of limited liability of (Note: MUST BE STREET ADDRES		•		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		04/10/2019			L19000099	
3.		Date of filing/registration in Florid	la	4.		Document number
5.	(a)	ROOFNER, NARUMOL NATALIE			<u>-</u>	-
		Registered Agent and Registered Office shown on the	e:			
		Registered Office Address (MUST BE FLORID) 102 Drennan Rd, Ste A1,	_			
		Orlando	. FL 32	806		202
(b)	(b)	DONALD POWELL, LLC.				FILL SECULIANS TALL MASS
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			- PH S:	
		NEW Registered Office Address:				- 25 X
		2035 SE 34TH STREET,				125 1810
		Ocala	, FL	l471		_
cha age was	nge nt v s/we	imited liability company is not organized un or changes are made, the Florida street add will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the cles of organization or the operating agreen	ress of the reg limited liabil members of t	gister lity co he lin nited	ed office and ompany, it is nited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
S	ignat	ure of a member or authorized representative of a me	mber			Printed or typed name of signee
pro the to r not	visi obl nere ifiec	by accept the appointment as registered age ons of all statutes relative to the proper and igations of my position as registered agent of the reflect a change in the registered office of tin-writing of this change	nt and agree I complete pei as provided fo address, I her	to ac rform or in (eby c	t in this cape ance of my c Chapter 605 onfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been