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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 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:
Maria F. Vlagosa - Avery Name of Person
MT Web GOOD IC Firm/Company
84576 NW 40th ST Address
Cooper view to 33024 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maria F-Vergara-Avery at (954), 9933267 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

1 11	or me	u.	
1.	Na	ame of the limited liability company: MT WW 65000 11C	
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SUSSE Now 40th ST COOPER WHY BE POST OFFICE B COOPER WHY BE AND HOTH ST COOPER WHY A 33024	
3.		G[28] 2019 L 1900 17-0029 Date of filing/registration in Florida 4. Document number	
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUSTO NO 40 5	
		cooper city, FL 23024	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	i i i i i
		NEW Registered Office Address:	D
		COOper ales , FL 33024	
the age wa	cha ent w s/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that ange or changes are made, the Florida street address of the registered office and the business office of the rewill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the charere authorized by an affirmative vote of the members of the limited liability company or as otherwise provinces of organization or the operating agreement of the limited liability company.	registered 1ge(s)
<u></u>		Moria F. Vergora-Aver	٨

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 potified in writing of this change.

Signature of Registered Agent