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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE MFCONSULT LLC

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## 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

Floria	MECON	ICIII	TIIC					
1. N	ame of the finned habitity company.	1301						
2. (a)	7901 4th St N		(b) 7901 4th St N					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)					
	STE 300		STE 30	0				
	St. Petersburg, FL 33702		St. Petersburg, FL 33702					
	09/19/2019		L190002	237289				
3.	Date of filing/registration in Florida	4.		Document nur	nber	***************************************	//	
5. (a	LEGALINC CORPORATE SERVICES INC	<b>)</b> .						
J. (II	Registered Agent and Registered Office shown on the records	of the Fic	rida Dept. of State	:				
	5237 SUMMERLIN COMMONS							
	Registered Office Address (MUST BE FLORIDA STREE	<u>T ADDR</u>	ESS)					
	SUITE 400							
	FORT MYERS	<sub>FL</sub> 339	33907			20		
( <b>b</b> )	Registered Agents Inc.				10000000000000000000000000000000000000	930	•	
(0,	Enter name of NEW Registered Agent and/or NEW Register	red Offic	address:	•	-37 1	0	3	
	7901 4th St N			_	<u>ئ</u> تا	44 7:	:	
	NEW Registered Office Address:		<del> </del>		1.m	် လ		
	STE 300			-				
	St. Petersburg	FL_337	'02	_				
the chagent	limited liability company is not organized under the tange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the companion of of the compan	s of the radilited of the softhe the limit	egistered office y company, it is limited liability ed liability con	e and the busing s hereby confin y company or :	iess off rmed tl	nce of that the	ine registeret change(s)	
2	ature of a member or authorized representative of a member	- -	Riley Park	Printed or typed	l name o	of signoo		
,,	eature of a member of authorized representative of a member eby accept the appointment as registered agent and sions of all statuites relative to the proper and compl oligations of my position as registered agent as prov rely reflect a change in the registered office address	agree to ete perfi ided for i, I herel	act in this cap ormance of my in Chapter 605 by confirm that	acity I furthe	r aorei	e to con	nply with the th and accep is being filed y has been	

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

Assistant Secretary

notified in writing of this change.

Signature of Registered Agent

Bill Havre

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