## L20000 13074

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

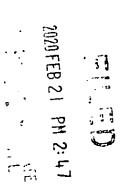
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## COVER LETTER ...

Registration Section Division of Corporations

TO:

SUBJECT: Mid American ASSOCIATES, LLC Name of Limited Liability Company				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Christopher Lonetta Name of Person				
Michmerican Associates, LLC Firm/Company				
3841 Ne 17th Avenue				
Oakland Park, FC 33334 City/State and Zip Code				
MidAmerican Associates a Gmail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Christopher Lunette at (321) Name of Person	<u>431 - 0125</u> Area Code & Daytime Telephone Number			
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			

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

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. N	ame of the limited liability company: Mila wert can f	Associates LLC
2. (a)	(b)	
(-)	Principal office address of limited liability company:	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	3841 Ne 17th Avenue 38	41 Ne 17th Avenue
	Oakland Park, FL 33334 Oa	Kland Pk, FL 3333
	<u>01/06/2020</u> L20	000013074
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Legal Corp Solutions, LLC	_
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	2:
		_
	Registered Office Address (MUST BF. FLORIDA STREET ADDRESS)	-
	3440 W Hollywood Blod Suite	415
	3440 W Hollywood Blud Suite Hollywood FI 33021	202
(b)	Christopher Lunetta	2020 FEB
. ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:	2
	0 - 1 - 1	
	3841 Ne 17th Avenue	P :
	NEW Registered Office Address:	i i
		The E
	_	· · · · · · · · · · · · · · · · · · ·
	Oakland Park FL 33334	
If the li	mited liability company is not organized under the laws of the State of Flo	rida 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
waywe	ill be identical. Or, in the case of a Florida limited liability company, it is re authorized by an affirmative vote of the members of the limited liability	t commons, on an arbamana and all all a
the artic	les of organization or the operating agreement of the limited liability com	pany.
	Christ	Olher Lone Ha
Signati	are of a member or authorized representative of a member	Printed or typed name of signee
I hereb	waccept the appointment as registered agent and agree to act in this capa	city. I further agree to comply with the
he obli	ins of all statutes relative to the process and complete performence of my distributes of my position as registered agent as provided for in Chapter 605, by reflect a change in the registered office address, I hereby confirm that the investigated this change.	unes, and I am familiar with and accept F.S. Or, if this document is being filed
o merei notified	y reflect a change in the registered office address, I hereby confirm that if in writing of this change	he limited liability company has been
/	111-	
_:::ruh	of Registered Agent	