

L20000028004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

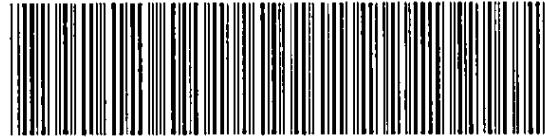
(Business Entity Name)

(Document Number)

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20 MAR 16 AM 10:11

ALBANY, NY

2020 MAR 16 11:11:43

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MAR 17 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 230917 9643A
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : March 13, 2020
ORDER TIME : 11:03 AM
ORDER NO. : 230917-005
CUSTOMER NO: 9643A

CHANGE OF AGENT

NAME: MTA EQUIPMENT FLA LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MTA Equipment FLA LLC

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:

Jeffrey A. Levine

Name of Person

Sachs Sax Caplan, P.L.

Firm/Company

6111 Broken Sound Parkway NW Suite 200

Address

Boca Raton, Florida 33478

City/State and Zip Code

jlevine@ssclawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey A. Levine

561

994-4499

at (_____) _____

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 Florida.

1. Name of the limited liability company: MTA Equipment FLA 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**)

3. 1/22/2020 4. L20000028004
Date of filing/registration in Florida Document number

5. (a) PHILIP DISQUE
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

707 SE 3RD AVENUE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 400
FORT LAUDERDALE, FL 33316

(b) Jeffrey A. Levine
Enter name of NEW Registered Agent and/or NEW Registered Office address:

6111 Broken Sound Parkway NW Suite 200
NEW Registered Office Address:

Boca Raton, FL 33487

If the limited liability company is not organized under the laws of the State of Florida, 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 agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jeffrey A. Levine a.k.a. Jeffrey A. Levine authorized representative
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 notified in writing of this change.

Jeffrey A. Levine
Signature of Registered Agent