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(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations							
mc3digital LLC							
SUBJECT:							
	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registere	d Office Change and	I fee(s) are submitted for filing.					
Please return all correspondence concern	ing this matter to the	following:					
Michael Cruden							
Name of Person							
mc3digital LLC							
Firm/Company							
I(14 Neptune Ct.							
Address							
Indialantic, FL 32903							
City/State and Zip C	ode						
mcsolas@gmail.com							
E-mail address: (to be used for futu	re annual report notif	fication)					
For further information concerning this n	natter, please call:						
Michael Cruden	321	503-7134					
	at ()					
Name of Person		Area Code & Daytime Telephone Number					
Mailing Address:		Street Address:					
Registration Section		Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810					
		Tallahassee, FL 32303					
Enclosed is a check for the follo	owing 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.

	ame of the limited liability company:		13	32 Atlantic Ave.
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Indialantic, F1, 32903			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) indialantic, FL 32903
	Feb. 4, 2020			DOXXXX4
(a)	Date of filing/registration in Florida United States Corporation Agents, Inc.	4.		Document number
(4 <i>)</i>	Registered Agent and Registered Office shown on the records of 5575 S. Semoran Blvd.	the Flori	la Dep	ept. of State:
	Registered Office Address Suite 36	4DDRES	<u>(S)</u>	
	Orlando, FL	32822		
b)	Michael Cruden Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	ddeac	IAN 21
	104 Neptune Ct.	Onice a	401.633	N 21 PH 3: 00 HASSEE FL
	NEW Registered Office Address:	_		 00
		32903		
ige it w /we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	register bility c f the lir	ed of ompa nited	office and the business office of the registered any, it is hereby confirmed that the change(s) if liability company or as otherwise provided illity company.
/	ure of a member or authorized representative of a member			Michael Creeden
- ereb visio obli iere	ure of a member of authorized representative of a member by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I have	ee to ac perform I for in ereby c	t in th ance Chapt onfiri	this conneity. I further garge to comply with

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

Signature of Registered Agent