## 120000293184

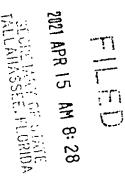
| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| ☐ PICK-UP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



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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |
|--|--|
| SUBJECT: MACEVY Name of Limited  | Liability Company  |
| Dear Sir or Madam:   |  |
| The enclosed Registered Agent/Registered Office Change an  | d fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to th                                      | e following:   |
| PATRICK LYONS  Name of Person  |  |
| MACEVY LLC Firm/Company  |  |
| 2844 Anbutus St<br>Address   |  |
| NAPLES FL 341 City/State and Zip Code  | 12   |
| PATLY ON S 11 @GMAPL.  E-mail address: (to be used for future annual report not                    | COM ification)   |
| For further information concerning this matter, please call:                                       |  |
| PATRICK HONS at (_ 2   | 39, 603-2810 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 |
| 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. Nai                                 | me of the limited liability company: MACEVY   |
|--|---|
| 2. (a)                                 | 2844 ARSutus St FLOURIS (h)   |
| ~· (··/ _                              | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |
|  |   |
|  | 11/2/20 120000293184  |
| 3.                                     | 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:  |
|  | 606 BAID EAGLE DRIVE Suite 500  |
|  | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |
|  | MARCO ISLAND FL 34145   |
|  | /   |
| (b)                                    | PATRICK LYONS   |
|  | /   |
|  | Enter name of NEW Registered Agent and/or NEW Registered Office address:  13-8-6-10-10-10-10-10-10-10-10-10-10-10-10-10-  |
|  | Funt Myers FL 33913   |
|  |   |
|  | , FL  |
| change<br>agent w<br>was/wei           | mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered fill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the organization or the operating agreement of the limited liability company. |
| Signatu                                | re of a member or fauthorized representative of a member  Printed or typed name of signee   |
| l hereb<br>provision<br>the obligation | y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address. I hereby confirm that the limited liability company has been in writing of this change.  |

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