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COVER LETTER

TO: Registration Section Division of Corporations		·
MCC BROKERAGE, LLC SUBJECT:		
	Name of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change an	nd fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the	e following:
Catherine Bowden		
Name of Person		 .
Amerilife		
Firm/Company		
2650 McCormick Drive, 200S		
Address	-	
Clearwater, FL 3379		
City/State and Zip Cod	le	
cbowden@amerilife.com		
E-mail address: (to be used for future	annual report not	ification)
For further information concerning this mat	ter, please call:	
Catherine Bowden	727 at (726-0726 x75007
Name of Person	(Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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 follow	ing amount:	
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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.

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) S550 BUSCHWOOD PARK DRIVE, SUITE 255 Tampa, FL 33618 Clearwater, FL, 33759 1.21000022113 3. Date of filing/registration in Florida Document number CORPORATION SERVICE COMPANY Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1201 HAYS STREET Registered Office Address MEST BE FLORIDA STREET ADDRESS TALLAHASSEE FL 32301 (b) R. Nathan Hightower Enter name of NEW Registered Agent and/or NEW Registered Office address: Clearwater FL 33759 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed it change or changes are made, the Florida street address of the registered office and the business office of the frequent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change of changes are made, the Florida street address of the frequent of the limited liability company or as otherwise protection of the initied liability company. Signature of a member or authorized representative of a member of the limited liability company. Signature of a member or authorized representative of a member. Pinted or typed name of signee.	****
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a to merely reflect afchange in the registered office address, I hereby confirm that the limited liability company has a writing of this change. Signature of Registered Agent	with and accent