

L21000517674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

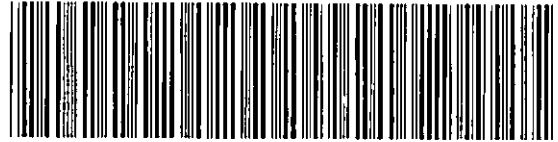
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SECRETARY OF STATE
TALL MADRID STREET
TALL MADRID STREET

Bm 8/16/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCRE Enterprises 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:

Cassandra Archer
Name of Person

MCRE Enterprises LLC
Firm/Company

16444 Budonski Rd.
Address

Brooksville, FL 34614
City/State and Zip Code

13cassandra94@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cassandra Archer at (239) 314-9311
Name of Person 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

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TALLAHASSEE, FL

**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: MCRE Enterprises LLC

2. (a) 16444 Budowski Rd. (b) PO Box 10762

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Brooksville, FL 34614

Brooksville, FL 34603

3. 8/15/2024
Date of filing/registration in Florida

4. L21000517674
Document number

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

12030 Pine Warbler Ave

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Brooksville, FL 34614

(b) Cassandra Archer
Enter name of NEW Registered Agent and/or NEW Registered Office address:

16444 Budowski Rd.

NEW Registered Office Address:

Brooksville, FL 34614

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TALLAHASSEE, FL

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.

Cassandra Archer

Signature of a member or authorized representative of a member

Cassandra Archer

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.

Cassandra Archer

Signature of Registered Agent