

**L990000143**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.  
Account Number : 876665802148  
Phone : (727)461-1818  
Fax Number : (727)441-8617

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: hmcnatt3@mcnattscleaners.com

LLC REGISTERED AGENT CHANGE  
MCNATT PROPERTIES, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** McNatt Properties, 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:

Christopher R. Dingman, Esquire

\_\_\_\_\_  
Name of Person

Johnson Pope Baker Ruppel & Burns, LLP

\_\_\_\_\_  
Firm/Company

401 E. Jackson Street, Suite 3100

\_\_\_\_\_  
Address

Tampa, Florida 33602

\_\_\_\_\_  
City/State and Zip Code

hmcnatt3@mcnattscleaners.com

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

For further information concerning this matter, please call:

Christopher R. Dingman, Esquire

813

225-2500

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

INHS18 (2/14)

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# 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: McNatt Properties, LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  
 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

6210 N. Florida Ave

6210 N Florida Ave

Tampa, FL 33604

Tampa, FL 33604

01-08-1999

L99600000143

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:

C T Corporation System

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Road

Plantation, FL 33324

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

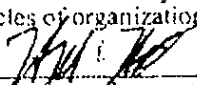
Chestnut Business Services, LLC

NEW Registered Office Address:

911 Chestnut Street

Clearwater, FL 33756

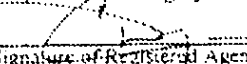
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.

X   
 Signature of a member or authorized representative of a member

Henry H. McNatt, Jr.

Printed or typed name of signer

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.

  
 Signature of Registered Agent

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

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