M02000000754

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

Office Use Only



800304677428

10/20/17--01011--016 **25.00



HARRIS

COVER LETTER

Division of Corporations	
Musca Properties, LLC	
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Joseph M. Musca	
Name of Person	
Musca Properties, LLC	
Firm/Company	
4700 Rockside Road - #603	
Address	
Independence, OH 44131	
City/State and Zip Code	
joe@muscaproperties.com	
E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, plea	ise call:
Joseph M. Musca	216 642-9500
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
\$25 Filling Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)



October 23, 2017

JOSEPH M MUSCA 4700 ROCKSIDE ROAD #603 INDEPENDENCE, OH 44131

SUBJECT: MUSCA PROPERTIES, LLC

Ref. Number: M02000000754

We have received your document for MUSCA PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 017A00021352

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 liabil	ity company: Musca Prop	erties, L	LC			 	
2. (a) Musca Properties,	LLC	()	(b) Musca Properties, LLC				
Principal office add	ress of limited liability company: I BE STREET ADDRESS)			Mailing address o (<u>Note: MAY B</u>	flimited	-	
4700 Rockside Ro	oad - Suite #603		4700 Ro	ockside Roa	d - Sui	ite #6	03
Independence, O	H 44131		Indepen	dence, OH	44131		
03/22/2002			M020000	000754			
3. Date of filing	registration in Florida	4.		Document nu	ımber		
AJS Realty Group	tered Office shown on the records , Inc. (MUST BE FLORIDA STREE	of the Florid	a Dept. of State	_ c: _		ยว	
Naples	,	34110		-		AON LIEZ	t.,
AJS Realty G Enter name of NEW Registered Office A 4980 TamiamiTra	ddress:	ed Office a	ldress:	-		PH 4: 34	
Naples	·	_{FL_} 34103	3	_			
If the limited liability comparting change or changes are managent will be identical. Or, in vas/were authorized by an after urticles of organization or Signature of a member or authorized. I hereby accept the appointment of the obligations of my position to merely reflect a change in notified in writing of this change. Signature of Registered Agent.	y is not organized under the le, the Florida street address the case of a Florida limited irrelative vote of the member the operating agreement of the operating agreement of the district of the proper and complete as registered agent as proving registered office address, the registered office address.	laws of the of the regulability can be limited	e State of Floistered office ompany, it i nited liabilit liability con seph M. M	e and the busis hereby configured company or npany. Musca Printed or type pacity. I furth.	ness offi irmed the as othe	ice of nat the rwise	the registered change(s) provided in

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