

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax: (850) 617 6000

From:

Account Name : SLOANE & JOHNSON, PLLC
Account Number : I20150000117
Phone : (407) 622-6751
Fax Number : (866) 440-1211

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

Email Address: _____

LLC REGISTERED AGENT CHANGE
M&P REAL ESTATE, LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M&P Real Estate, 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:

Angela Iacone-Radaelli

Name of Person

M&P Real Estate, LLC

Firm/Company

1257 Worcester Rd, #254

Address

Framingham, MA 01701

City/State and Zip Code

Angelal@AnnikaClub59.com

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

For further information concerning this matter, please call:

Angela Iacone-Radaelli

at (407)

405-5355

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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: M&P Real Estate, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

1257 Worcester Rd, #254Framingham, MA 01701

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

1257 Worcester Rd, #254Framingham, MA 017015/20/2008M08000002374

3. Date of filing/registration in Florida

4. Document number

5. (a) CT Corporation System

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CT Corporation System

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island RoadPlantation, FL 33324

(b) Watson Sloane Johnson PLLC

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

Watson Sloane Johnson PLLC

NEW Registered Office Address:

3670 Maguire Boulevard, Suite 250,Orlando, FL 32803

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.

Signature of a member or authorized representative of a member

Angela Iacone-Radaelli

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