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SUTLER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 17, 2013

Order#: 714327-179

Re: MF DEBARY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Evelyn Wright

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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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 608.416 or 608.508, 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: MF DEBAR	Y, LLC	
2. (a) Principal office address of limited liability comparison (Note: MUST BE STREET ADDRESS)	pany: 60 N. Hwy., 17-92 Debary, FL 32713	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2 North Palafox Street Pensacola, FL 32502	<b>志</b> <b>2</b>
06/09/2008	M08000002725	171-< N
2. Data of Cilian/maintanting in Charida	1 Decument number	
<ul><li>5. (a) Registered Agent and Registered Office shown</li></ul>	on the records of the Florida	a Dept. of <b>Sa</b> te:
Registered Agent:	Capitol Corporate Services, Inc.	
Registered Office Address:	155 Office Plaza Dr., Suite A Tallahassee, FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office ad  Corporation Service Con	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
	Tallahassee	,FL 32301
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	ne Florida street address of the dentical. Or, in the case of a ge(s) was/were authorized by crwise provided in the article	ne registered office Florida limited an affirmative vote of
Dona Priebe, Authorized Person Printed or typed name of signee	<del></del>	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com Corporation Service Company  By: In the Address.	nd agree to act in this capac e proper and complete perfo y position as registered ager o merely reflect a change in i pany has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.

Signature of Registered Agent Elizabeth A. Dawson, Asst. Vice President

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