## M14.000004198

(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:							
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Office Use Only

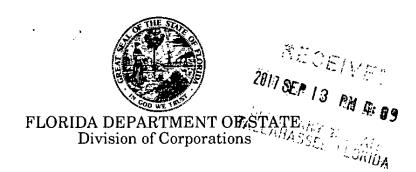


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17 SEP IL PN 1: 4
SECRETARY OF STATE



August 24, 2017

DEBRA SILVERSTEIN, PARALEGAL POST OFFICE BOX 3550 CONCORD, NH 03302 US

SUBJECT: MRC DAYTONA, LLC Ref. Number: M14000004198

We have received your document for MRC DAYTONA, 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 and street address must be consistent wherever it appears in your document.

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 717A00017420

## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section .

Divi	sion of Corporations							
SUBJECT:	MRC Daytona, LLC							
	Name of Limited Liability Company							
Dear Sir or N	⁄ladam:							
The enclosed	l Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.					
Please return	all correspondence concerning th	is matter to the f	following:					
Debra Silv	erstein, Paralegal							
	Name of Person		<del>_</del>					
Orr & Ren	o, PA							
<del></del>	Firm/Company		<del>-</del>					
PO Box 35	550							
	Address		_					
Concord, N	NH 03302							
	City/State and Zip Code		_					
	n@orr-reno.com							
E-mail	address: (to be used for future ann	ual report notifi	cation)					
For further in	nformation concerning this matter,	please call:						
Debra Silve	erstein	603	223-9140					
	Name of Person		Area Code & Daytime Telephone Number					
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle hassee, Florida 32301	Reg Div P.O	dilling ADDRESS: gistration Section ision of Corporations Box 6327 lahassee, Florida 32314					
Encl	osed is a check for the following	amount:						
<b>☑</b> \$2	5 Filing Fee	<b>□</b> \$55	5 Filing Fee & Certified Copy					

## 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.

l. Na	ame of the limited liability company: MRC Daytor	na, LLC					
2. (a)	414 Crawford Ridge Road, Unit #4	(b)	310 M	It. Washington Hotel Ro	oad		
2. (u)	Principal office address of limited tiability company:  (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited liabilit	ty company;		
	Carroll, NH 03575	<del></del> .	Brettor	1 Woods, NH 03575			
	June 13, 2014	N	1140000	004198			
3.	Date of filing/registration in Florida	4.		Document number		_	
5. (a)	Lowndes, Drosdick, Doster, Kantor & Reed	l, PA					
J. (8)	Registered Agent and Registered Office shown on the records of	f the Florida I	ept. of Stat	 'c;			
	215 North Eola Drive				'		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		-		;	
					;		
	Orlando , FI	32801	<del></del>	-	. IA	=	
(b)	Jay F. Cook, Esq.			<u>-</u> ,	EOREI LLAH	SEP.	-
(5)	Enter name of NEW Registered Agent and/or NEW Registere	d OMee adda	<del>233</del> :	<del>-</del>	ASS		
	9123 Trivoli Terrace				ALC: ALC: ALC: ALC: ALC: ALC: ALC: ALC:	3	
	NEW Registered Office Address:			_	SIATE	* :: 4	_
		····		_	<b>&gt;</b> 111	84	•
	Naples ,F	<sub>L</sub> 34119		_			
the cha agent y was/w	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regist liability cor of the limi	ered offic npany, it ted liabili	ce and the business office of is hereby confirmed that the ty company or as otherwise	f the registers c change(s)		
		Pete	r Murph	<u> </u>			
_	ture of a member of authorized representative of a member		•	Printed or typed name of signe		_	
nonin	by accept the appointment as registered agent and as sions of all statutes retative to the proper and complexitions of my position as registered agent as property reflect a change in the registered office address in writing of this change.  All the of Registered Agent	gree to act iplete perfo ovided for ess, I herel	In this cap printance in Chapi iy confiri	pacity. I further agree to co of my dulies, and I am far er 605, F.S. Or, if this do n that the limited liability	omply with the miliar with a scument is b company he	he and acc peing fii as been	ept 'ed
	(/	D () Dam (	117- T-	dlahagaa El 22214			
V	Division of Corporations • 1	P.O. BOX ( NG FEE:	54/● 18 \$25.00	manassee, FL 32314			

INHS18 (2/14)