

6/20/2019

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
 Fax Number : (954)288-0845

**\*\*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**  
**MC RIDE, LLC**

Certificate of Status	0
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D SCOTT

JUN 21 2019

Electronic Filing Menu

Corporate Filing Menu

Help

# 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: MC Ride, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
888 East Las Olas Blvd., Suite 710  
Fort Lauderdale, FL 33301

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
888 East Las Olas Blvd., Suite 710  
Fort Lauderdale, FL 33301

3. 02/19/2018 Date of filing/registration in Florida

4. M18000001719 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
MASTRAPA, CARLOS  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
888 EAST LAS OLAS BOULEVARD SUITE 710  
FORT LAUDERDALE, FL 33301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
C T Corporation System  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

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]  
Signature of a member or authorized representative of a member

Carlos Mastrapa, Manager  
Printed or typed name of signee

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. James M. Halpin

By: [Signature] Assistant Secretary  
Signature of Registered Agent

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

(NH518 (2/14))

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