M18000001829

(Re	questor's Name)	
(Ad	dress)	
`	ŕ	
(* 1		<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(D ₁ ,	ainana Fatika Man	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
 		
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



100344566801

05/15/20--01005--002 •∗30.0A

R. WHITE
JUN 052010

COVER LETTER

	Registration Division of	r Section Corporations			
SUBJE	CT: MC2 I	DATA LLC			
		Name of Foreig	n Limited Li	авину Со	mpany
Dear Si	r or Madam	:			
The enc	losed applic	cation, certificate and fee(s)	are submitte	d for filing	<u>,</u>
Please r	eturn all co	rrespondence concerning th	is matter to th	ne followir	ng:
Myung (Ok Song				
		Name of Person	-		
MC2 Da	ita LLC				
		Firm/Company			
7154 N.	University D	rive #70			
		Address			
Tamarac	c, FL 33321				
		City/State and Zip Cod	e		
_	nc2data.com				
E-ma	iil address: (to be used for future annua	l report notifi	cation)	
For furt	her informa	tion concerning this matter.	please call:		
Myung 0	Ok Song		877 at (503-0	705
	Nar	ne of Person		de & Dayı	ime Telephone Number
	Mailing Add			Street A	
	Registratio				ration Section
		Corporations			on of Corporations entre of Tallahassee
	P.O. Box 6 Tallahassee	327 2. FL 32314		2415 N	I. Monroe Street, Suite 810 Issee, FL 32303
	Enclosed is	s a check for the following	amount:		
	filing Fee	■ \$30 Filing Fee & Certificate of Status	S55 Filir Certified	-	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

TO:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Florida D	epartment of
State: MC2 DATA LLC		
Enter new principal office address, if applicable:		<u> </u>
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lial	bility company is: M180000018	29
3. Jurisdiction of its organization: DELAWARE		·
4. Date authorized to do business in Florida: 02/21	/2018	
3. Jurisdiction of its organization:	hanges)	
5. New name of the limited liability company:(must	contain "Limited Liability Con	ipany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the al-	usiness in Florida and attach a ternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floride	ı Street Address
		Florida
_	City	Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper of and accept the obligations of my position as registe document is being filed to merely reflect a change i liability company has been notified in writing of thi	t and agree to act in this capac and complete performance of m red agent as provided for in Cl in the registered office address,	y duties, and I am familiar with a apter 605, F.S. Or, if this
	nanging Registered Agent, Sign	ature of New Registered Agent

	ment changes person, title or capacit CAESARCO LLC as MGR and addin	ty in accordance with 605,0902 (1)(e), indicate the RESEARCHENCE LLC as MGR	nat change:
itle/ Capacity Name		Address	Type of Action
AGR	CAESARCO LLC	7154 N UNIVERSITY DRIVE #70	□Add
		TAMARAC, FL 33321	\equiv Remo
igr	RESEARCHENCE LLC	1317 EDGEWATER DR. SUITE 634	= Add
		ORLANDO, FL 32804	□Remo
		<u> </u>	□Add
			□Remo
			□Add
			□Add
aforementio	under the law of which this entity is	ted by the official having custody of records in t s organized.	□Remo
	Willen Saya	are of the authorized representative	

Filing Fee: \$25.00