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Division of Corporations

15129570210

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Fmail	Address:	
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## LLC REGISTERED AGENT CHANGE MOUNTAIN LAKE ASSOCIATES, LLC

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**COVER LETTER** 

Registration Section TO: Division of Corporations

MOUNTAIN LAKE ASSOCIATES, 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:

15129570210

Joshua Murphy		
Name of Person		
Registered Agent Solutions, Inc.		
Firm/Company	<del></del>	
Corporate Center One, 5301 Southwes	t Pkwy, Ste 400	
Address		
Austin, TX 78735		
City/State and Zip Code		
E-mail address: (to be used for future ann For further information concerning this matter,		
Joshua Murphy	at ()	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Ftorida 32314	
Enclosed is a check for the following	; amount:	
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy	

INHS18 (2/14)

15129570210

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

F <i>lorida</i> 1. Nai			KE ASSOCIA		
2. (a)	6725 HONESTY DRIVE	(b	6725 HON		
(u),	Principal office address of limited liability company:			ess of limited liability  AY BE POST OFFICE  AND BE POST OFFICE  AND BE POST OFFICE  BY B	
	(Note: MUST BE STREET ADDRESS) BETHESDA, MD 20817		BETHESDA		
	BETTICODA, IVID 20017	<del></del>		· · · · · · · · · · · · · · · · · · ·	
	12/18/2020		M200000 <u>117</u>	71	
3.	Date of filing/registration in Florida	4.	Documer	nt number	
5. (a)	BLUMBERGEXCELSIOR CORPORATE SE	RVICE	S INC		
J. (u)	Registered Agent and Registered Office shown on the records of 155 OFFICE PLAZA DRIVE	IST I	<u>-L</u>		
	Registered Office Address (MUST BE FLORIDA STREET)		<del></del> _		2422 JUL
	TALLAHASSEE, FL	3230	)1	:	
(b)	Registered Agent Solutions, Inc.				-6 PH 2:
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	dress:	9	÷ 5
	155 Office Plaza Dr.	_	<u>.</u>	,	·· •
	NEW Registered Office Address: Suite A		<del></del>		
	Tallahassee, FL	3230	11		
agent was/w	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the reg lability c of the lir	stered office and the ompany, it is hereby on the history of the compary of the stere of the ste	confirmed that the	e change(s)
	amaris Molina		maris Molina	Authoriz	ed Person

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.

Printed or typed name of signee

Signature of Registered Agent

Signature of a member or authorized representative of a member