

# M220000003058

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

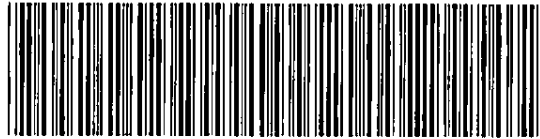
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200418861752

FILED  
2023 DEC -4 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 DEC -4 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO :** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM :** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE :** 12/4/2023

**PRIORITY :** Regular Approval

**OUR REF # (Order ID#) :** 1209844

**ORDER ENTITY :**  
MCAS VENTURES LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**MCAS VENTURES LLC ( FL )**

File the attached change of agent document

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MCAS Ventures 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:

Sapphire Marquez

\_\_\_\_\_  
Name of Person

SunDoc Filings

\_\_\_\_\_  
Firm/Company

7801 Folsom Blvd Ste 202

\_\_\_\_\_  
Address

Sacramento CA 95826

\_\_\_\_\_  
City/State and Zip Code

dgoldin@capify.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Goldin

212

779-2528

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 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.*

1. Name of the limited liability company: <u>MCAS Ventures LLC</u>	
2. (a) <u>170 NE 2ND ST. SUITE 74</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>BOCA RATON, FL 33429</u>	(b) <u>170 NE 2ND ST. SUITE 74</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>BOCA RATON, FL 33429</u>
3. <u>02/22/2022</u> Date of filing/registration in Florida	4. <u>M22000003058</u> Document number
5. (a) <u>SUNDOC FILINGS INCORPORATED</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>3458 LAKESHORE DRIVE</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> <u>TALLAHASSEE, FL 32312</u>	
(b) <u>United Agent Group Inc.</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>801 US Highway 1</u> <u>NEW Registered Office Address:</u> <u>North Palm Beach, FL 33408</u>	

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**2023 DEC -4 PM 12:25**  
**CLERK OF STATE**  
**TALLAHASSEE, FLORIDA**

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.

/S/ David Goldin  
Signature of a member or authorized representative of a member

David Goldin  
Printed or typed name of signer

*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.*

/S/ William Huser  
Signature of Registered Agent