

POS000084527

(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



700109800877

09/24/07--01042--021 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2007 SEP 24 AM 11:58

PS 10/1/07  
Luo

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MCM Property Management, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000084527

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathleen Sellers  
(Name of Contact Person)

MCM Property Management, Inc.  
(Firm/Company)

125 Ocean Hibiscus Drive  
(Address)

St. Augustine, FL 32080  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cathleen Sellers at ( 904 ) 471-6848  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MCM Property Management, Inc.
2. The principal office address: 125 Ocean Hibiscus Drive  
St. Augustine, FL 32080
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 6/13/05 Document number: P05000084527

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Cathleen Sellers  
6737 Hidden Creek Blvd  
St. Augustine, FL 32086

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2007 SEP 24 AM 11:58

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cathleen Sellers  
125 Ocean Hibiscus Drive  
(P.O. Box NOT acceptable)  
St. Augustine, FL 32080

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Cathleen Sellers  
(Signature of an officer or director)

Cathleen Sellers, Owner  
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Cathleen Sellers  
(Signature of Registered Agent)

9/12/07  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*