

PD900000601123

(Requestor's Name)

(Address)

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(Document Number)

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**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: M-8M Concession INC
2. The principal office address: 7152 Maysville Ct
Wesley Chapel FL 33545
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/9/2009 Document number: P09000060163

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

(resigned)

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

William Moschella 727-726-3648
7152 Maysville Ct
P.O. Box NOT acceptable
Wesley Chapel FL 33545

FILED
SECRETARY OF STATE
14 JUL 21 10 AM '09

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.

William Moschella
Signature of an officer or director

William Moschella, President
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.

William Moschella
Signature of Registered Agent

7-14-14
Date

If signing on behalf of an entity:

Typed or Printed Name

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