## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From: Carrie Ramos, FRP, Paralegal PLEASE FAX CONFIRMATION TO 407 244-

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078

Phone

: (407)843-8880

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## REGISTERED AGENT CHANGE MCDCC MANAGEMENT COMPANY, INC.

Certificate of Status	0
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Page Count	02
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DEC 17 2021

A. LUNT

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

		0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida	
in orde	er to change its registered office or re	gistered agent, or both, in the State of Florida.	_
	•		
	the corporation: MCDCC Manage		_
2. The principal	l office address: 12276 San Jose B	lvd., 601, Jacksonville, FL 32223	_
2 7%	address (if differently		_
**	address (if different);	Document number: P97000102900	
	rporation/qualification: 12/03/1997		
	id street address of the current register artment of State: (If resigned, enter res	ed agent and registered office on-file with the igned)	
	David L. Mullins		707
	12276 San Jose Blvd., 601		מצו טבנ
	Jacksonville, FL 32223		-
6. The name an (if changed):	_	agent (if changed) and for registered office	AM (0:
	David L. Mullins, Jr.		17
	12276 San Jose Blvd., 601		
		). Bor NOT acceptable	
	Jacksonville, FL 32223		
The street addr as changed wil	ress of its registered office and the st Il be identical.	reet address of the business office of its registered age	nt,
Such change wanthorized by	vas authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or by an officer so a notified in writing of the change.	
9	-	David L. Mullins, President	
- Signal	ture all an officer or director	Frinled or typed name and little	_
I further agree of my duties, a document is be	of the appointment as registered agen to comply with the provisions of all and I am familiar with and accept the eing filed merely to reflect a change as been notified in writing of this cha	statutes relative to the proper and complete performa obligation of my position as registered agent. Or, if in the registered office address, I hereby confirm that	nce this the
Har	<del></del>	16/20/16/61	
	ignoture of Registered Agent	Desta	_
If signing on b	ochalf of an entity:		
	Typed or Printed Name		
		TIPP FIF OA + + +	

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