## L110000 42700

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TO DEC -1. AM 8: 2L

RA Change

JAN 1 1 2020 D CUSHING

## COVER LETTER

TO: Registration Section Division of Corporations  MR Florida Holding LLC				
SUBJECT:	e of Limite	d Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ice Change	and fee(s) are submitted for filing.		
Pleasiz return all correspondence concerning thi	is matter to	the following:		
Myriam Rojas				
Name of Person				
MR  Florida Holding LLC				
Firm/Company		<del></del>		
601() NW 99th Ave Unit 114				
Address		<del></del>		
Doral , Florida 33178			19 OEC	3503E
City/State and Zip Code			<u></u>	
mrojøs@mrflorida.net			)  }	
E-mail address: (to be used for future ann	ual report n	notification)	άò	STA
For further information concerning this matter.	please call:	:	2Կ	TATE (ATIONS
Emma Fernandez	239	4653266		
Name of Person	at (	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following	(amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
✓ \$25 Filing Fee	S55 Filing Fee & Certified Copy			

INHS (8 (2/14)

## 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. N	Jame of the limited liability company: MR Flo	orida Hold	ling LLC
2. (a	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		6010 NW 99 <sup>th</sup> Ave Unit 114  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Doral, FL 33178	 	Doral,_EL_33.178
3.	_04/11/2011 Date of filing/registration in Florida	— <sub>4.</sub> —	L11.00004270.0
5. (a	) _Myriam_Rojas Registered Agent and Registered Office shown on the records o	Of the Florida Do	ept. of State:
	-6010-NW-99 <sup>th</sup> Ave Unit 114 Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
		133178_	19 OCC
(b	Emma Fernandez Enter name of NEW Registered Agent and/or NEW Registere	ed Office addre	<u>~</u>
	6010 NW 99 <sup>th</sup> Ave Unit 114  NEW Registered Office Address:		STATE GRATIONS 4 8: 24
		ı <u> 33178</u>	
the chagent was/w the ar	limited liability company is not organized under the la lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited by were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	iws of the St of the register liability composition	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in bility company.
	ature of a member of authorized representative of a member		MYRIAM RUJAJ
I her provi, the ob to me, notifi	entre of a member of authorized representative of a member enveronment as registered agent and age tions of all statutes relative to the proper and complete digations of my position as registered agent as provide the reflect of change in the registered office address. I differ writing of this change.	gree to act in e performanc ed for in Che hereby conf	Printed or typed name of signee  this capacity. I further agree to comply with the ve of my duties, and I am familiar with and accept tipter 605, F.S. Or, if this document is being filed irm that the limited liability company has been