

Florida Department of State  
 Division of Corporations  
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To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : HARVARD BUSINESS SERVICES, INC.  
 Account Number : 120080000045  
 Phone : (302)645-7400  
 Fax Number : (302)645-1280

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: gabriela@dartmouthinternational.com

**RECEIVED**  
 2023 SEP 15 PM 12:54  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE**  
**MP CIANCI PROPERTIES LLC**

Certificate of Status	0
Certified Copy	0
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APPROVED  
 AND  
 FILED  
 2023 SEP 15 PM 1:39  
 TALLAHASSEE, FLORIDA

SEP 18 2023  
 K. Brumbley

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0111 or 605.0116, Florida Statute, 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: MP CIANCE PROPERTIES LLC

2. (a) 848 Brickell Avenue (b) 848 Brickell Avenue  
 Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)  
Ste 203 Ste 203  
Miami, FL 33131 Miami, FL 33131

3. 03/28/2014 4. LI000082037  
 Date of filing/registration in Florida Document number

5. (a) MP Tax Advisory LLC  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
848 Brickell Avenue  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Ste 203  
Miami FL 33131

(b) Registered Agent's loc.  
 Former name of NEW Registered Agent and/or NEW Registered Office address  
7901 4th Street N  
 NEW Registered Office Address  
Ste 300  
St. Petersburg FL 33702

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STATE DEPARTMENT OF REVENUE

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.

Signature of a member or authorized representative of a member \_\_\_\_\_  
Marisa Meneses Narel Cianci  
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.

Signature of Registered Agent \_\_\_\_\_  
David [Signature]

Division of Corporations • P.O. Box 6227 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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