(Requestor's Name	e)				
(Address)	***				
(Address)					
(City/State/Zip/Pho	ne #)				
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificate	es of Status				
Special Instructions to Filing Officer:					
	HORNE 2024				

Office Use Only



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RECEIVED



To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext:

Date: 05/29/24 Order #: 1519807-1

Re: MGE Delray School LLC Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.0 - FL State Account Number: I20000000195

**AUTH** 

Please take the following action:

File on a routine basis Issue proof of filing

Return evidence to the following:

ATTN: Shauna Godbolt

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## 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.

I. Na	une of the limited liability company: MGE Delray	y School L	LC		
2. (a)	2980 NE 207TH STREET, SUITE 603, AVENTUI	RA, FL	(b)	2980 NE 20	7TH STREET, SUITE 603, AVENTUR
_ (")	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	<u>;</u>	(-).		ing address of limited liability company:  ote: MAY BE POST OFFICE BOX)
			-		
	Apr 30, 2024		_ _	15000074219	
3.	Date of filing/registration in Florida	4.		Doe	cument number
5. (a)	MG3 FUND LLC				
	Registered Agent and Registered Office shown on the record			•	
	2980 NE 207TH STREET, SUITE 603, AVENTU				
	Registered Office Address (MUST BE FLORIDA STRI	<u>EET ADDRI</u>	<u>:SS)</u>		
		_, FL			
					2024
(b)	Enter name of NEW Registered Agent and/or NEW Registered Agent Age	tarad Offica	addr	066.	FIL 2024 HAY 30
	Enter fame of NEW Registered Agent and/of NEW Regis	tereu Office	auui	<u>ess</u> .	33 F
	Corporation Service Company				
	NEW Registered Office Address:				(
	1201 Hays Street				
	Tallahassee	FI 3230	1		
Signar  I herel provisi the oblito mere	mited liability company is not organized under the or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of the united authorized representative of a member of a member of all statutes relative to the proper and complications of my position as registered agent as provided in the registered office address. In writing of this change,	f the registed liability ers of the limite The limite	ered com imite d lial faxin	office and the pany, it is her ed liability co pility compan niliano A. Mar Prii	e business office of the registered reby confirmed that the change(s) impany or as otherwise provided in y.  tin Rojo  nted or typed name of signee

Shauna Godbolt \_\_\_\_\_\_