prida Department of State

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(((H23000014532 3)))



H230000145323ABCU

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TO	
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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070

Phone : (888)462-3453 Fax Number : (877)919-2613

**Enter the email address for this business entity to be used for $\dot{\gamma}$ annual report mailings. Enter only one email address please. -

mail Address:

LLC REGISTERED AGENT CHANGE MINT CITY LLC

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(((H23000014532 3)))

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	MINT CITY LLC		
5050		ame of Limited	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered O	ffice Change a	nd fee(s) are submitted for filing.
	return all correspondence concerning t		•
LOVE	ITE DOBSON		
	Name of Person		
INCFII	LE.COM LLC		
	Firm/Company	·- · · · · ·	
17350	STATE HWY 249 #220		
	Address		
HOUS	ΓΟΝ, TEXAS 77064		
	City/State and Zip Code		
EFILE	1234@INCFILE.COM		
E	-mail address: (to be used for future an	inual report no	tification)
For fur	ther information concerning this matter	r, please call:	
LOVE	TTE DOBSON	888	462-3453
	Name of Person	at (Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following	g amount:	
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHSI	3 (2/14)		(((H23000014532 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H23000014532 3)))

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.	Na	me of the limited liability company: MINT CITY LLC	<u> </u>			···			
				(b)	1				
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(υ,	N	Mailing address of limited (Note: MAY BE POS)	d liab <i>T OF</i>	oility co	mpany: 3 <i>OX</i>)
		160 W CAMINO REAL #1024			160 W CAN	MINO REAL #1024			
		BOCA RATON, FL 33432	<u> </u>		BOCA RA	TON, FL 33432			
		12/23/2020		ī	_2100000281	70			
3.		Date of filing/registration in Florida	4.	_]	Document number		_	
5.	(a)								
		Registered Agent and Registered Office shown on the records of LEGALINC CORPORATE SERVICES INC.	the Flor	ida	Dept. of State	:			
		Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS					
		476 RIVERSIDE AVE.				فقة			
		JACKSONVILLE , FI	32202				1	2023	
	7 1.3					- ••	العد	NAC	
	(b)	Enter name of NEW Registered Agent and/or NEW Registeres	Office	add	ress:	t_		2	شم
								P	<u> </u>
		Miguel Sutherland						H 12:	
		NEW Registered Office Address:				~' •		- -	
		4874 Navali Drive				٠	•		
		Lake Worth	33467						
cha age wa	ange ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members called organization or the operating agreement of the	ws of the registe ability of the li	ne S erec con mi	l office and npany, it is ted liability	the business office hereby confirmed the company or as other	of the	ne regi he chai	stered nge(s)
:-	$\gamma \gamma$	ripul Sutherland	М	igu	el Sutherland	1			
-5	ignat	ure of member or authorized representative of a member			•	Printed or typed name o	f sigr	nce	
the to not	ovisie obli mere tified	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete ligations of my position as registered agent as provide by reflect a change in the registered office address, I is moriting of this change.	ree to a perfori d for in hereby	ct i nai Ci coi	n this capac nce of my di napter 605, nfirm that th	city. I further agree uties, and I am fami, F.S. Or, if this doct he limited liability co	to c liar umei ompo	omply with a nt is be any ha	with the nd accept eing filed is been