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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone

: (855)330-1010 Fax Number

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

Email	Address:_		<del></del>
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## LLC REGISTERED AGENT CHANGE MADONDO ACESAL LLC

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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 605.0114 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

Nai	me of the limited liability company: $\overline{MA}$	ONDO ACESAL LLC				
(a) _	7901 4th St N STE 300	(b) 7901 4th St N STE 300	(b) 7901 4th St N STE 300  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  St. Petersburg, FL 33702			
/ _	Principal office address of limited liability co (Note: MUST BE STREET ADDRES.	any: Mailing address of limited liability co				
	St. Petersburg, FL 33702	St. Petersburg, FL 33702				
	02/04/2021	L21000061106				
	Date of filing/registration in Florid	4. Document number				
(a)	FISHMAN, GREGORY R, ESQ					
(4)	Registered Agent and Registered Office shown on the	ecords of the Florida Dept. of State:				
	2750 NE 185 STREET, SUITE	204				
	Registered Office Address (MUST BE FLORIDA					
	AVENTURA					
(b)	Registered Agents Inc.					
(U)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	egistered Office address:	1.5			
	7901 4th St N	egistered Office address: PH 7: 00	O			
	NEW Registered Office Address:	_				
	STE 300		•			
	St. Petersburg	. FL 33702				

the articles of organization or the operating agreement of the limited liability company.

Riley Park Signature of a member or authorized representative of a member Printed or typed name of signee

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.

 Assistant Secretary Bill Havre ll Man

Signature of Registered Agent