Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000369206 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

**Enter the email address for this business entity to be used for future

annual	report	mailings.	Enter	only	one	email	address	please.	**
Email A	Address	:							

LLC REGISTERED AGENT CHANGE M&G - CRANBERRY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H230003692063)))

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

	Lili	ATTEN FISCHTITI	I I CUMI	ANY		
Pursuant to the prov submits the followin Florida	risions of sections 605.0 ng statement in order t	o change its registe	ered office	ites, the undersigned limited or registered agent, or boti	liability company h, in the State of	
	tod Liability Company:	M&G - CRANBI	ERRY, L(_C		
2. (a) 1400 E, NE	WPORT CENTER	DR STE 102	<u>(ъ)</u> 820	E GATE DR STE 101		
	al office address of limited lis		Mailing address of limited liability company:			
(A	i ote: MUST HE STRUET A	DDJMES)		(Note: MAY RE POST O	PPTCE BOX	
DEERFIEL	D BEACH, FL 334	42	МО	UNT LAUREL, NJ 0805	i4	
<u>7/27/202</u>	1		<u>L21</u>	000340485		
3. Date	of filing/registration in	Florida 4	1.	Document number		
5. (a) C T CORF	ORATION SYSTE	М				
	at end Registered Office show		Toride Dept. o	of State:		
1200 S PII	NE ISLAND RD				,	
Registered Offic	· · · · · · · · · · · · · · · · · · ·	LORIDA STRKET ADD	RESS)		نت ت	
					<u> </u>	
 ·	 .				12	
PLANTAT	ION	, FL_3:	3324		`د. ً	
					,	
	rporate Services, In				<u> </u>	
Enter name of <u>N</u>	EW Resistand Assett and/o	or NEW Reststored Offi	०० सर्वतस्य		<u>ب</u> ت.	
515 East P	erk Avenue 2nd Fl				. D.	
NEW Rogistore	d Office Address:		·			
		· · · · · · · · · · · · · · · · · · ·				
Tallahasse	e	, FL_ 32	2301			
agent will be identica was/were authorized	s are made, the rionida: L. Or, in the case of a F	street address of the forids limited liabili of the members of the	registered of ty company a limited lie	of Florida, it is hereby conflired and the business office, it is hereby confirmed that billity company or as otherwise company.	of the registered	
Matthew Mearner (Oct 13, 2023 13;	40 EDT)		Matthew M	lesmer, Authorized Signato	Υ	
	or authorized representative	ag a member		Printed or typed name of sig	1100	
I hereby accept the a provisions of all stati the obligations of my to merely reflect a chi notified in writing of	ppointment as registere iles relative to the propi position as registered of ange in the registered of this change.	ed agent and agree to er and complete perj egent as provided for iffice address, I here	o act in this formance of in Chapter by confirm	capacity. I further agree to my duffes, and I am Jamiliar 605, F.S. Or, If this docume that the limited Itahility camp	comply with the with and accept and accept and accept at is being filed accept has been	
Bin Brokerte	•			istant Secretary on		

Division of Corporationse P.O. Box 6327e Tallahamer, PL 32314 FILING FEE: \$25.00

behalf of Capitol Corporate Services, Inc.

Signature of Registered Agent