# that my name appears above, or on an attachment with all other like empowered. AUTHORIZED

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L11000113315

Entity Name: MH OWNER, LLC

#### **Current Principal Place of Business:**

1691 MICHIGAN AVE., SUITE 215 MIAMI BEACH. FL 33139

#### **Current Mailing Address:**

1691 MICHIGAN AVE., SUITE 215 MIAMI BEACH. FL 33139

### FEI Number: 32-0356363

#### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

# Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

### SIGNATURE:

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	MC MANAGER, LLC	Name	LIROFF, ALEXANDER
Address	1691 MICHIGAN AVE., STE. 215	Address	1691 MICHIGAN AVE., SUITE 215
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and

SIGNATURE: ALEXANDER LIROFF

REPRESENTATIVE

05/03/2013

Date

FILED May 03, 2013 Secretary of State CC9551631685

Date