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(Re	questor's Name)							
(Ad	dress)							
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(Cit	y/State/Zip/Phone	e #)						
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
L	. <u></u>							

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2020 NOY 16 PH 4: 24
SECRETARY OF STATE

12/22/20



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: November 12, 2020

Order#: 500155/070

Re: MHO, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX _ Check in the amount of \$25_.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

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

INCA.XCOA

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.

1. N	ame of the limited liability company: MHO, LLC							
2. (a)	4343 ANCHOR PLAZA PARKWAY SUITE 200		(b)	4131 Wo	rth Avenue			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address o (Note: MAY B			
	STE 200			Suite 500				
	TAMPA, FL 33634			Columbus	s, OH 43219			
	05/28/2003		l	.03000019	9076			
3.	Date of filing/registration in Florida	- 4.	-		Document nur	mber		
5. (a)	C T CORPORATION SYSTEM							
υ. (α,	Registered Agent and Registered Office shown on the records o	f the Flo	rida	Dept. of State	– e:			
	1200 SOUTH PINE ISLAND ROAD							
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS)		_			
	PLANTATION, F	L3332	24		<u>.</u>			
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	add:	ress:	-	S.	202	
	Corporation Service Company	. .			_	CRE	2020 NOY	and a
	NEW Registered Office Address:					25	16	1
	1201 Hays Street				_	1500 1500	-0	
						17 m	===	-
	Tallahassee , F	L3230	1		_		PH 4: 24	
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e regis iability of the e limite	tered cor limited lis	l office and npany, it is ted liability ability com	d the business is hereby confir y company or a npany.	office of the med that the	ed that a registe chang	ered ge(s)
	Lie E. Clenie	-	Jill Cilmi, Authorized Person					
I here provis the ob to men notifie	ature of a member or authorized representative of a member by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change. Loca Lindy ure of Registered Agent	ree to e perfo ed for i hereby	act i rma in Ci v coi	n this cape nce of my c napter 605 nfirm that t	Printed or typed acity. I further duties, and I an F.S. Or, if th the limited liab	agree to co	mply w	vith the l accept ng filed been

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00