L05000002574

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S. WARREN JUN 1 3 2017

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: MM 79, LLC			
Name	of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this i	matter to the following:		
Joel L. Tabas			
Name of Person	0.0005		
Tabas & Soloff, P.A.	7490065 HOT 987-00-63180.00 \$2500 B 1 of 2		
Firm/Company	——————————————————————————————————————		
25 SE 2nd Avenue, Suite 248	987-00-63180.00		
Address	\$2500		
Miami, Florida 33131	pe 1 of 2		
City/State and Zip Code			
jtabas@tabassoloff.com			
E-mail address: (to be used for future annual	report notification)		
For further information concerning this matter, pla	case call:		
Joel L. Tabas	305 375-8171		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Euclosed is a check for the following an	iount:		
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)			

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.

t.	Na	me of the limited liability company: MM 79, LLC				
2.	(a)	Tabas & Soloff, P.A.	(b) Tabas & Soloff, P.A.			
۵.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(~)	Mailing address of lin	nited liability company: POST OFFICE BOX)
		25 S.E. 2nd Ave., Suite 248			25 S.E. 2nd Ave., Suite	e 248
		Mlami, Florida 33131			Miami, Florida 33131	17 Si 27
		1-10-05		į	L05000002574	CONTRACTOR TO
3.		Date of filing/registration in Florida	4.		Document numb	
5.	(a)	Tabas & Soloff, P.A.				
		Registered Agent and Registered Office shown on the records of the	ne Flori	da I	Dept. of State:	PHIZ: 42 OF STATE EE, FLORID
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<u> </u>	A TO
		14 NE 1st Ave., PH				
		Miami, .FL	3313	2		
((b)	Tabas & Soloff, P.A. Enter name of NEW Registered Agent and/or NEW Registered Office address:			ress: P3 2	2 of a
		NEW Registered Office Address:				
		25 S.E. 2nd Ave., Suite 248			· · · · · · · · · · · · · · · · · · ·	
		Miami , FL	3313	1		
the age	cha nt w	mited liability company is not organized under the law nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of thes of organization or the operating agreement of the I	the reg bility (the li imited	gist cor mi Hi	tered office and the business mpany, it is hereby confirme ited liability company or as o ability company.	s office of the registered ed that the change(s)
		<u> </u>	Jo	el	L. Tabas	
	_	ure of a member or authorized/representative of a member		_4	Printed or typed nar	
pro the to n not	visio obli nere ified	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change	e to a perfori for in ereby	ct i na Ci coi	in this capacity. I further a ince of my duties, and I am f hapter 605, F.S. Or, if this nfirm that the limited liabili	gree to comply with the amiliar with and accept document is being filed ty company has been
Sig	natur	e of Registered Agent			- 'm . th. s	
		Division of Cornerations PO R	ny A C	. / 🕻	- rananassee. Kl. 57.14	

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