2024-10-18 09:03:51 CST

12122023573

From: David Thomas

Division of Corporations

10/18/24, 11:91 AM

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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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Enter the email address for this business entity to be used for future [7] annual report mailings. Enter only one email address please.**

| m - i 1 | Address: | | | |
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LLC REGISTERED AGENT CHANGE MPC REALTY GROUP, LLC

| Certificate of Status | () |
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| Certified Copy | 1 |
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M. SOLOMON

OCT 18 2024

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To: Pege: 3 8f 3 2024-10-18 09:03:51 CST 12122023573 From: David Thomas

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.

| 2. (a) | nme of the limited liability company: MPC REALTY (| (b) | (b) 189 S ORANGE AVE | | | | |
|-----------------------------|--|---|---|---|-------------|-------------------|--|
| 2. (a) | Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | | |
| | ORLANDO, FL 32801 | | ORLANDO, FL 32801 | | | | |
| | 10/19/2005 | L05000102939 | | | | | |
| 3. | Date of filing/registration in Florida | 4. | Document | number | | | |
| 5. (a) | CORPORATE CREATIONS NETWORK INC. | | | | | | |
| <i>.</i> (11) | Registered Agent and Registered Office shown on the records of | the Florida I | Dept. of State: | * • 1 | 2 | | |
| (b) <u>.</u> | 801 US HWY I N | | | ; (Z) | 02 \ | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | | | 2024 OCT 18 | eneral eneral | |
| | PALM BEACH, FL, FI | 33408 | | 247 277 271 271 271 | 8 PH | | |
| | C T Corporation System | | | 2: 5 | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | i Office addi | <u>ess</u> : | וייו | ţ | | |
| | NEW Registered Office Address: | | | | | | |
| | 1200 South Pine Island Road | | | | | | |
| | Plantation, FI | 33324 | | | | | |
| he cha igent v was/we | imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the | f the regist iability con of the limit : limited lia | ered office and the hupany, it is hereby co ed liability company ability company. | isiness office of infirmed that the or as otherwise | the re | gistered gc(s) | |
| | -On lowe | KAR | A KOROSEC. MANAO | | | | |
| | ture of a member or authorized representative of a member | | | ped name of signee | | | |

Signature of Registered Agent SEAN LEMERICK ASSISTANT SECRETARY

C T Corporation System