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	603 Frontia	Fax Number : (850)617-6383	.	2021	
30 AM	AUG 30 AM	Phone : (239)205-2225 Fax Number : (239)205-2016 E-mail : rroyston@rroystonlaw.com	1	1 AUG 30 AH 9: 18	
		Email Address:	-	لب	

LLC REGISTERED AGENT CHANGE MIP III, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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S. PRATHER

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:MIP HI, LLC				·-			_		_	
2. (a)	16465 Rainbow Meadows Court			(b) 16465 Rainbow Meadows Court							
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			<i>,</i>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					_	
	Fort Myers, FL 33908			Fort Myers, FL 33908							
									·	_	
	11/22/2006			L060001	113247	ī					
3.	Date of filing/registration in Florida	_ 4.			D	ocument nun	nber			_	
5. (a)	royston, Robert D, Jr.							,	•		
J. (u)	Registered Agent and Registered Office shown on the records of 134 SW 52nd Streeet	State:	•	•		2021 AUG					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							(水) (水) (水) (水) (水)	30	i ,	
	Cape Coral , FL 33914							735 5 50	Airi 9:	ι_	
(b)	Robert D. Royston, Jr., P.A.							10	<u></u>		
. ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:										
	12140 Carissa Commerce CL, Suite 102										
	NEW Registered Office Address:										
	Fort Myers , FI	3396	56								
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 litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regis ability of the limit	stero y co : lim ted l	ed office mpany, ited liab	and the it is he oility compa	he business o ereby confir company or a	office of t med that t	the regist	ered ge(s)	e	
Sign	atter of a member or authorized representative of a member		Kan	uai L. ivii	•	rinted or typed	name of sig	gnee		-	
	rby accept the appointment as registered agent and agitions of all statutes relative to the proper and complete ligations of my position as registered agent as provide relivering accurate the proper and complete with reflect accurate the property of the status of the registered office address, I do not the property of the status of the property of the status of the property of the status of the property of the property of the property of the status of the property of the pr	ree to perfo d for herel	act ormo in C by ce	in this c ince of i chapter onfirm th	capaci ny du 605, I rat the	ity. I further ties, and I an F.S. Or, if the Iimited liab	agree to n familian is docume ility comp	comply v with an ent is bei pany has	with the d accep ng filea been	r e	
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	Division of Corporations P.O. FILING F				thasse	e, FL 32314	ŀ				