10900054492

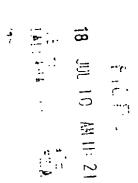
(Re	questor's Name)		
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	#)	
PłCK-UP	WAIT	MAIL	
(Bu:	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			





200315583962

07/10/18--01619--008 **25.00



1 JL 18 2018

S. PRATHER

COVER LETTER

- 4

TO: Registration Section Division of Corporations	` •	
SUBJECT: MMMP, LLC		
Nam	e of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Brian D. Hudson, Esq.		
Name of Person		
Holding Company of The Villages, Inc.		
Firm/Company		
3619 Kiessel Road		
Address		
The Villages, Florida 32163		
City/State and Zip Code		
legalnotices@thevillages.com		
E-mail address: (to be used for future ann	ual report notification)	
For further information concerning this matter,	please call:	
Christi Jacquay	at (352) 753-6612	
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	
Enclosed is a check for the following	amount:	
☑ \$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

	ame of the limited liability company: MMMP, LLC		3619 Kiessel Road	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0) <u>\</u>	(b) 3619 Kiessel Road Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	The Villages, Florida 32163	<u> </u>	The Villages, Florida 32163	
	06/04/2009	 L0	9900054492	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Brian D. Hudson, Esq.			
, ,	Registered Agent and Registered Office shown on the records	of the Florida De	ppt, of State;	
	1020 Lake Sumter Landing			
	Registered Office Address <u>(MUST BE FLORIDA STREE</u>	<u>T ADDRESS)</u>	3 6	
	The Villages	-L_32162		
(b)			<u> </u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addres	<u></u> = 2	
	3617 Kiessel Road		***	
	NEW Registered Office Address:			
		- 10		
	The Villages	FL_32163		
the cha agent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street of the member in the operating agreement of the street of the member in the operating agreement of the street of the s	of the register liability comp s of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in	
	15/	<u>Brian</u>	D. Hudson, Esq.	
	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing glahis change.	īe performana	re of my duties, and I am familiar with and accept	
nongie				

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

١