

L09 0000 80914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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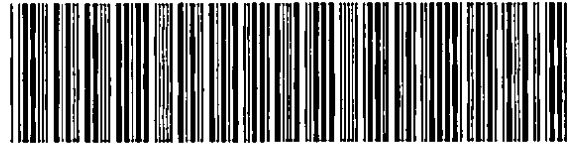
(Business Entity Name)

(Document Number)

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R. WHITE

JUN 05 2020

10/21/20

**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. Name of the limited liability company: Mitchell 869, LLC

2. (a) Principal office address of limited liability company.
(Note: MUST BE STREET ADDRESS)
9215 Solon Rd. Ste D1
Houston, TX 77064

(b) Mailing address of limited liability company.
(Note: MAY BE POST OFFICE BOX)

3. August 21, 2009 Date of filing/registration in Florida

4. L09000080914 Document number

5. (a) Lloyd S. Moody
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7896 Saddlebrook Dr.
Port St. Lucie, FL 34986

(b) John P. Mitchell
Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Office Address
7985 Saddlebrook Dr.
Port St. Lucie, FL 34986

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Signature of a member or authorized representative of a member

Lloyd S. Moody Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature] Signature of Registered Agent

JOHN P. MITCHELL MGRM

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
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