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(Requestor's Name)						
(Address)						
(Address)						
(Ci	ty/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
	J. HORNE					
	AUG 1 9 2025					

Office Use Only



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To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna Godbolt@cscglobal.com

Ext: x61563 Date: 08/18/25 Order #: 4297395-59

Re: MRCJ XX, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

VI CONTRACT Check in the amount of: \$25.0 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Shauna Godbolt c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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: MRCJ XX, LLC	C		
2. (a)	701 NW 62nd Avenue #490	(b)	701 NW 62	2nd Avenue #490
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami, FL 33126		Miami, FL 3	33126
	11/09/2009	ĺ	_090001078	31
3.	Date of filing/registration in Florida	4,		Occument number
5. (a)	Registered Agent and Registered Office shown on the records o	20 PL 11	D	
	DIAMOND, KEITH D	it the Florida	Dept. of State:	S. C.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 3440 Hollywood Blvd Suite 415			60 iv.
	Hollywood , F	33021		1025 M. 18 TH 2:56
71-3				56
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	ress:	
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee F	L_32301		
chang agent was/w	limited liability company is not organized under the lace or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lace authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ic registered liability con of the limited li-	d office and npany, it is I ted liability ability comp	the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in any.
/S/ CHRISTOPHER FURLAN		CHR		FURLAN, AUTHORIZED PERSON
I here provis the ob to mei	ature of a member or authorized representative of a member why accept the appointment as registered agent and agions of all statutes relative to the proper and complete by the proper and complete by the proper and complete by the proper as providing at the registered agent as providing the reflect a change in the registered office address, but in writing of this change.	gree to act , e performa led for in C I hereby co.	in this canac	Printed or typed name of signee oity. I further agree to comply with the tties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been

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

GRACE E. KIRBY, ASST. VICE PRESIDENT

Signature of Registered Agent