



Florida Department of State

Division of Corporations Electronic Filing Cover-Sheet

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FEB 1 9 2018

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情 LLC REGISTERED AGENT CHANGE MONA HOLDING, LLC

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S. WARREN

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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: MONA	HOLDING, LLC			
2. (a)		2 Rollprin Cirolo 12442 Dellavia Cirola			
	Principal office address of funited liability company (Nate: MUST BE STREET ADDRESS)	Mailing ad	IA CIFCIE dress of limited liability company. MAY BE POST OFFICE BOX		
	Windermere, FL 34786	Windermere,	FL 34786		
	02/04/2010 Date of filing/registration in Florida	L1000001371	7		
3.	Date of filing/registration in Florida	4. Docume	ent number		
5. (a'	C T CORPORATION SYSTEM				
	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of State:			
	1200 SOUTH PINE ISLAND ROAD				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	PLANTATION	L_ <u>33324</u>	TAL B		
(b)			FIL: FEB 19 CRETARY		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address:	BI9 HASSEE		
	3030 N. Rocky Point Dr.				
	NEW Registered Office Address:		LOR STA		
	STE 150A	· · · · · · · · · · · · · · · · · · ·	NDA S		
	Tampa	1.33607 <u>1 10 (10</u>			
the cha agent ' was/w	limited liability company is not organized under the l ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered office and the liability company, it is hereby s of the limited liability compa-	business office of the registered confirmed that the change(s) ny or as otherwise provided in		
Signa	ature of a member or authorized representative of a member	Morgan Noble	r typed name of signee		
Thero provis the ob to mer	the accept the appointment as registered agent and a ions of all stanues relative to the proper and complet ligations of my position as registered agent as provide the reflect a change in the registered office address. In writing with change.	gree to act in this capacity. 1 J te performance of my duties, a led for in Chapter 605, F.S. O I hereby confirm that the limit			

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Signature of Registered Agent

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