## L11 0000 61763

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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2022 JAN 10 AM 7: 42 SECRETARY OF STATE

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## 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: MIRI I, LLC						
2. (a)			/L)				
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	4550 NORTH BAY ROAD		4550 N	ORTH BAY RO		, C1, B02	<u></u>
	MIAMI BEACH, FL 33140			BEACH, FL 33			
	05/25/2011		L110000	061763			
3.	Date of filing/registration in Florida	<del>-</del> 4.	<del></del>	Document numb	er Ser		
5. (a)	HERMAN, JUDITH			o o union marrie	<i>,</i>		
2. (4)	Registered Agent and Registered Office shown on the records o	f the Florid	da Dept, of Sta	 ite:			
			•				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	(S)			<u>دي</u>	
	4550 N BAY ROAD				#EC	022	eres train
	MIAMI BEACH , FI	33140	)	_	に記	2022 JAH 10	
(b)	NRAI SERVICES, INC.			_			
·	Enter name of NEW Registered Agent and/or NEW Registered	d Office as	ddress:	-		MH 7: 42	وعدان) أوعدا
						12	
	NEW Registered Office Address:			_			
	1200 SOUTH PINE ISLAND ROAD	<u></u>					
	PLANTATION , FL	33324		-			
agent w was/wer he artic	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited his re authorized by an affirmative vote of the members of the of organization or the operating agreement of the	ability co	ompany, it is	e and the business s hereby confirme	office of	the reg	istered
Signa	multi Millar te of a member or authorized representative of a member			MAN, MANAG	ER		
			· · · · · · · · · · · · · · · · · · ·	Printed or typed nam	e of signee	<del></del>	
rnereov Provisió he oblig o merel Potified	v accept the appointment as registered agent and agr ns of all statutes relative to the proper and complete gations of my position as registered agent as provide y reflect a change in the registered office address, 1)	ee to act perform d for in ( hereby co	t in this cape ance of my c Chapter 605 onfirm that i	acity. I further ag duties, and I am fa , F.S. Or, if this a the limited liability	ree to con miliar wi locument i	nply wi th and i is being	th the accept g filed

Registered Agent CHRISTOPHER CHEUNG, ASSISTANT SECRETARY

## CLAS Information Services 2020 Hurley Way, Suite #350 Sacramento CA 95825 Tel: (800) 447-6237

Job Number: 429781-6671 Date: 1/5/2022

Name: MIRI I, LLC

Request For: Florida

TYPE OF FILING: Change of Agent

**Special Instructions:** 

Please file the attached upon receipt. We have enclosed check #97234 in the amount of \$25.00. Please call with any questions. Thank you in advance for your assistance.

Sincerely,

**Judy Culver** 

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314