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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Section Division of Corporations						
MBLOCK INVESTORS LLC							
Name of Limited Liability Company							
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning the	is matter to the f	following:				
M. R	ONALD KRONGOLD						
	Name of Person						
	Firm/Company		_				
201 A	ALHAMBRA CIRCLE, SUITE 514						
	Address		_				
COR	AL GABLES, FL 33134						
	City/State and Zip Code						
MRK	RONGOLD@GOLDKROWN.COM	И					
F	E-mail address: (to be used for future ann	ual report notifi	cation)				
For fu	rther information concerning this matter,	please call:	·				
ELLI	E DAVIS	305	416-4545				
	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	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314				
	Enclosed is a check for the following						
	☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy				
INHSI	8 (2/14)						

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: MBLOCK IN	IVEST	ORS	LLC			
2. (a	31731 NORTHWESTERN HIGHWAY		(b) 3	31731 N	ORTHWESTER	N HIGHW	VAY
<i></i> (c	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)_	N	Mailing address of limite	_	
	SUITE 250W		S	SUITE 2	50W		
	FARMINGTON HILLS, MI 48334-1668			ARMIN	GTON HILLS, M	11 48334-1	1668
	06/07/2011		L1	100006	66617		
3.	Date of filing/registration in Florida	4.			Document number		
5. (_{a)} M RONALD KRONGOLD						
(Registered Agent and Registered Office shown on the records of	f the Flor	rida Do	ept. of State	:		
	1111 PARROT JUNGLE TRAIL						
	Registered Office Address (MUST BE FLORIDA STREET	<i>ADDRE</i>	ESS)				
							7.0
	MIAMI	_L 3313	32			5 MA	(F)
		L				AY 2	AHA THA
(l	M RONALD KRONGOLD					95.	SSX SSX SXX
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	addre	<u>ss</u> :		PM	HR
	201 ALHAMBRA CIRCLE					5 5	STA1
	NEW Registered Office Address:					ယ	DA DE
	SUITE 514						
	CORAL GABLES , F	_L 3313	34				
the cagen was/ the a	e limited liability company is not organized under the lehange or changes are made, the Florida street address at will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members articles of organization or the operating agreement of the member of a member or authorized representative of a member	of the re liability s of the later the limite	egister complimited	red office pany, it is d liability pility com	and the business of hereby confirmed company or as oth	ffice of the that the cha nerwise prov	registered nge(s)
		aree to	ant in	this care	• •	-	u soith the
prov the c to m	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and comple obligations of my position as registered agent as provide erely reflect a change in the registered office address, fied in writing of this change.	gree to de le perfor led for i I hereby	act in rmand in Cha y conf	this cape ce of my c apter 605, firm that t	acity. I further agre duties, and I am fan , F.S. Or, if this do the limited liability	e to comply iliar with a cument is b company he	v with the and accept eing filed as been
Sign	ature of Registered Agent		- .				

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