

L11000090365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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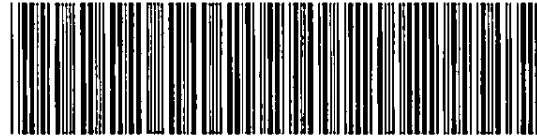
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BF
12/1/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAP LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Lang

Name of Person

Brewer Jackson & Lang

Firm/Company

920 S Main Street, Suite 100

Address

Grapevine, TX 76051

City/State and Zip Code

llang@brewerjackson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Lang

Name of Person

at (972) 870-9898

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: MIAP LLC

2. (a) MIAP LLC (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

6767 Sunset Drive

Miami FL 33143

8/5/2011

L11000090365

3. 8/5/2011 Date of filing/registration in Florida 4. L11000090365 Document number

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

Corporate Creations Network, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

11380 Prosperity Farms Road #221E

Palm Beach Gardens, FL 33410

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Christopher King

NEW Registered Office Address:

6767 Sunset Drive

Miami, FL 33143

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

Laura Lang

Printed or typed name of signer

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

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

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NOV 28 AM 8 22
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SECRETARY OF STATE