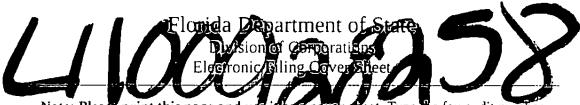
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	<i>t</i> *

LLC REGISTERED AGENT CHANGE MACKD ENTERPRISE LLC

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T. LEMIEUX

JAN 04 2024

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From: Registered Agents Inc.

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

To: 18506176383

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. 8	Name of the limited liability company: MACKD ENTERP	PRISE LLC		
2. (a)	(b)		
- . (u	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3.	11/10/11 Date of filing/registration in Florida	L1100012 4_	28258 Document number	
J.	• -	٠,٠	Document number	
5. (8	UNITED STATES CORPORATION AGENTS, INC. Registered Agent and Registered Office shown on the records of	tate:		
	Registered Office Address			
	JACKSONVILLE	32202	— J. 19	
(b	Registered Agents Inc		- : :	
	7901 4th St N			
	NEW Registered Office Address:	NEW Registered Office Address:		
	STE 300		· 	
	St. Petersburg , FI	33702	<u> </u>	
the cl agent was/v the ar	limited liability company is not organized under the lanange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered off ability company, i of the limited liabi limited liability c	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in	
	nature of a member or authorized representative of a member	Robin Jones	Diatal or travel massa of image	
I her provi the oi to me notifi	chy accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	performance of ned for in Chapter 6 hereby confirm th	Printed or typed name of signee apacity. I further agree to comply with the ty duties, and I am familiar with and accept 05. F.S. Or, if this document is being filed at the limited liability company has been	
10	id X don'ts David Roberts - Assistant S	ecretary		