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





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COVER LETTER

TO: Registration Section Division of Corporations	
MMGJV Fund 1, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Chris Gleason	
Name of Person	
MMG12, LLC	
Firm/Company	
2655 1st Street, Suite 250	
Address	
Simi Valley, CA 93065	
City/State and Zip Code	 _
chris.gleason@mmgcap.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
Chris Gleason 80	5 657-1158
Name of Person	Area Code & Daytime Telephone Numbe
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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.

. Na	me of the limited liability company: MMGJV Fund I,	LLC					
!. (a)	MMGJV Fund I, LLC	(b)					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(**/		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	2655 1st Street, Suite 250						
	Simi Valley, CA 93065						
	12/15/2011	1.	.110001410	966			
i.	Date of filing/registration in Florida	4.		Document nur	mber		<u>-</u>
i. (a)	SAICHEK, LAWRENCE A ESQ.						
, (a)	Registered Agent and Registered Office shown on the records of	f the Florida!	Dept. of State	- e:			
	4000 Ponce de Leon Blvd., Suite 470					26.	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	,	JESO NON 30	7.5 6 1
	Coral Gables . Fi	L		-			111
(b)	Quantum Realty Management, LLC					PM 6: 3	-
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	c/o Joe Steiskal						
	NEW Registered Office Address:	•		_			
	2581 Jupiter Park Drive, Suite E16	_		_			
	Jupiter	33458					
ige t v we	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of creamzation of the operating agreement of the	e registered lability con of the limi e limited lia	l office and npany, it is ted liability ibility com	d the business s hereby confir y company or :	office of med that	the reg the ch	istered ange(s)
=	ϵ / ϵ	Chris	Gleason				
	aire of a member or authorized representative of a member			Printed or typed	,	_	
21 1 1 0	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. It is writing of this change?	ree to act i performan ed for in Ci hereby con	n tms cape we of my e apter 605 ifirm that i	icity. I jurther luties, and I ar , F.S. Or, if th the limited liab	agree to m familia nis docum pility com	compler with a control of the contro	y with the and accep peing filed as been