L12000 123 198

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

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/13/2022	
	Janelle Davis	<u> </u>
	ce #:1833426	
Entity Na	ame:	MLH PHASE 3, LLC
		horization to Transact Business
	mendment	
[√] C	hange of Agent	
R	einstatement	
	conversion	
N	1erger	
	issolution/Withdrawal	
□F	ictitious Name	
	Other	
Authoriz	zed Amount:\$2	
Signatu	re: <u>Janelle Da</u>	vis

P: 800.221.0102

, 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.

(a)		(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)
	No Change	No No	Change
	September 26, 2012		L12000123198
	Date of filing/registration in Florida	4.	Document number
(n)	Corporation Service Company		
(a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	1201 Hays Street		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Tallahassee, F	32301	
(b)	COGENCY GLOBAL INC.		2022
(~)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	ZÚZZ DEC
	115 North Calhoun St., Suite 4		$\frac{1}{\omega}$
	NEW Registered Office Address:	<u>. </u>	All
			——
	Tallahassee, F	L_32301	
e cha ent v is/we	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered liability compar of the limited l	d office and the business office of the registing, it is hereby confirmed that the change(s liability company or as otherwise provided
	Cligabeth Cockrans		Elizabeth Cochrane
	ture of a member or mathemized representative of a member		Printed or typed name of signee

/s/ Michael Carlisle

Signature of Registered Agent Mi