

L130000031796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

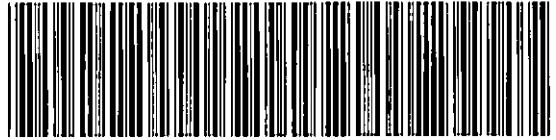
(Document Number)

Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FL

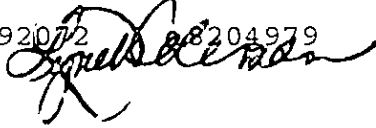
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RA/Rc/ch8

MAR 08 2022

1 ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 492072 8204979
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : February 17, 2022
ORDER TIME : 1:44 PM
ORDER NO. : 492072-005
CUSTOMER NO: 8204979

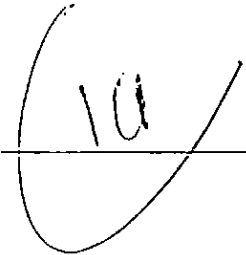
CHANGE OF AGENT

NAME: METROPOLITAN INVESTMENT TRUST,
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XXX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: 



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2022

CORPORATION SERVICE COMPANY

SUBJECT: METROPOLITAN INVESTMENT TRUST, LLC
Ref. Number: L13000031796

RESUBMIT
Please give original
submission date as file date.

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 822A00005316

RECEIVED

2022 MAR -7 PM 12:11

Division of Corporations
Tallahassee, Florida

**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: METROPOLITAN INVESTMENT TRUST, LLC

2. (a) _____ (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)

03/01/2013

L13000031796

3. Date of filing/registration in Florida

4. Document number

5. (a) DAVID S ALEXANDER

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

150 SE 2ND AVENUE, SUITE 300

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33131

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

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 of a member or authorized representative of a member

David Alexander

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.

Alexis Weibnd, assistant vice president
Signature of Registered Agent

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

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TALLAHASSEE, FL