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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 554965 8441010

AUTHORIZATION :

COST LIMIT : \$ 25.0

ORDER DATE : July 17, 2024

ORDER TIME : 3:42 PM

ORDER NO. : 554965-011

CUSTOMER NO: 8441010

CHANGE OF AGENT

NAME: MG ROAD, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER:

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. N	Same of the limited liability company: MG ROAD,	LLC		
2. (a)	4100 LEGENDARY DR #280	(b)	4100 LEGENDARY DR #280	
2 . (u)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	•
	DESTIN, FL 32541	<u> </u>	DESTIN, FL 32541	
	04/19/2013		L13000057463	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the record PARACORP INCORPORATED	<u> </u>		
	Registered Office Address (MUST BE FLORIDA STRI	₹		
	155 Office Plaza Drive, 1st Floor		702% J	
	Tallahassee	EI 32301	— :	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	dress:		
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee	. FL		
chang agent was/w	limited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite vere authorized by an affirmative vote of the membericles of organization or the operating agreement of	f the registered ed liability comp ers of the limite	d office and the business office of the register npany, it is hereby confirmed that the change ted liability company or as otherwise provide	ed (s)
/S/ JH	LL CILMI	JILL C	CILMI, AUTHORIZED PERSON	
Sign	ature of a member or authorized representative of a member	· <u>-</u>	Printed or typed name of signee	
provis the ob to mei	eby accept the appointment as registered agent and sions of all statutes relative to the proper and comp digations of my position as registered agent as prov rely reflect a change in the registered office addressed in writing of this change.	'agree to act in leie performand vided for in Cha s, I hereby conf	in this capacity. I further agree to comply wince of my duties, and I am familiar with and a hapter 605, F.S. Or, if this document is being offirm that the limited liability company has be	h the accept filed gen
Signat	ure of Registered Agent GRACE E. KIRE	3Y, ASST. VIC	CE PRESIDENT	