113000118360

(Re	questor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
L					





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2018 JUL 26 AH IO: 07

JUL 29 2019 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 861419 7945542						
AUTHORIZATION : Spelle Reco						
COST LIMIT : \$ 25.00						
ORDER DATE : July 25, 2019						
ORDER TIME : 5:22 PM						
ORDER NO. : 861419-005						
CUSTOMER NO: 7945542						
CHANGE OF AGENT						
NAME: MKDA FLORIDA LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Roxanne Turner EXT#						
EXAMINER:						

COVER LETTER

TO: Registration Section

Divi	sion of Corporations				
SUBJECT:	MKDA Florida LLC Name of Limited Liability Company				
SUBJECT:					
Dear Sir or M	Madam;				
The enclosed	d Registered Agent/Registered Office	Change and fee(s) are submitted for filing.			
Please return	all correspondence concerning this r	natter to the following:			
	Name of Person				
	Firm/Company				
	Address				
	City/State and Zip Code				
E-mail	address: (to be used for future annual	report notification)			
	aformation concerning this matter, ple	•			
	noniano, concorning and mater, pre	ese carr.			
	Name of Person	at ()			
_		Area Code & Daytime Telephone Number			
	EET/COURIER ADDRESS:	MAILING ADDRESS:			
	stration Section ion of Corporations	Registration Section			
	on Building	Division of Corporations P.O. Box 6327			
	Executive Center Circle	Tallahassee, Florida 32314			
	hassee, Florida 32301	1 unanasce, 1 longa 32314			
Encle	osed is a check for the following am	ount:			
□ \$2	5 Filing Fee	S55 Filing Fee & Certified Copy			
INHS18 (2/14)					

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	ame of the limited liability company: MKDA Florida t	LLC_			. <u></u>	
2. (a)	2750 NW 3rd Ave, Space #6	902 Bro	padway - 17th Flr			
` '	Principal office address of limited liability company:	_ `	·	Mailing address of limited lia		-
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST O	FFICE BOX)
	Miami, FL 33127		New York	k, NY 10010		
		_				
3,	Date of filing/registration in Florida	4.		Document number		
5. (a)	Patricia Lebow					
• /	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	::		
	One North Clematis Street					
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	!			
	Ste 500					~>
	Wood Poles Parel					2015
	West Palm Beach , FL	33401	· <u> </u>		14 27 (
(b)	Corporation Service Company				1-03 1-03	_ 26
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:			
					,	ÀH 10: 0
	1201 Hays Street				뭐뭐	Ö
	NEW Registered Office Address:				. 1.54	7
	Tallahassee , FL	32301				
lf tha li	instead linkility and the last	6	Pa-a C E1-	atau tata ba a ta	1.1.4	0
the cha	imited liability company is not organized under the lavinge or changes are made, the Florida street address of	the regis	tered office	and the business office	of the reg	istered
agent v was/we	vill be identical. Or, in the case of a Florida-limited line authorized by an affirmative vote of the members of	ability co	mpany, it is ted liability	hereby confirmed that	the change	e(s)
the arti	cles of organization or the operating agreement of the	limited li	ability com	pany.	ise provide	Ju III
	Mill	Mich	ael Kleinbe	rg		
-	ure of a member or authorized representative of a member			Printed or typed name of sig	,	
ひとひひょくに	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete	partormo	nea of mud	buige and Lam Tamilia	e with and	annont
ine obli io mere	igations of my position as registered agent as provided By reflect a change in the registered office address. It	d fór in C hereby co	haptér 605, ntirm that ti	F.S. Or, if this docume he limited liability com	ent is being pany has E	g filed een
notified	in vriting of this change.		_		,	
Signatur	re of Registered Agent Corporation Service Company	BY:		e Turn er President		
J	Corporation Service Company	D1. '		1 rookulerit		