L13000170232

(Requestor's Name)				
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone #	f)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates c	of Status		
Special Instructions to Filing Officer:				

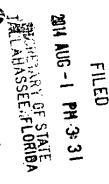
Office Use Only



800262743838

08/01/14--01016--018 **25.00

PA Charge



AUG 132014

CÔVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: MHPI IV, LLC				
Name of Lim	ited 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:			
NORA H. MILLER, ESQ.				
Name of Person				
RAILEY, HARDING & ALLEN, P.A.				
Firm/Company				
15 N. EOLA DRIVE				
Address				
ORLANDO, FL 32801				
City/State and Zip Code				
NMILLER@RAILEYHARDING.COM				
E-mail address: (to be used for future annual report	t notification)			
For further information concerning this matter, please ca	all:			
NORA MILLER 40	07 648-9119			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
☑ \$25 Filing Fee	□ \$55 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.

l. Na	me of the limited liability company: MHPI IV, LLC	<u> </u>	
			Mailing address of limited liability company:
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	189 SOUTH ORANGE AVENUE,	189 S	OUTH ORANGE AVENUE,
	SUITE 1650, ORLANDO, FL 32801	SUITE	E 1650, ORLANDO, FL 32801
	12/09/2013	L13000	0170232
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (11)	Registered Agent and Registered Office shown on the records o	fthe Florida Dept. of S	State:
	Registered Office Address (MUST BE FLORIDA STREET 189 S ORANGE AVE, 1650	'ADDRESS)	
	ORLANDO , F	32801	
	,,		— AAA 66 - F
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office oddress:	PICES FILES
	RAILEY, HARDING & ALLEN, P.A.	a orner nautes.	MANUG-1 PM 3: 31
	NEW Registered Office Address:		
	15 N. EOLA DRIVE		_
	ORLANDO , F	. _L 32801	
the chagent was/w the ar Sign I her provide the old to me	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the attraction of a member of a member of a member of a member as registered agent and a sions of all statutes relative to the proper and completely reflect a change in the registered agent as provided in writing of this change.	of the registered or liability company, of the limited liability is limited liability NORA MI	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company. LLER, Authorized Representative Printed or typed name of signee