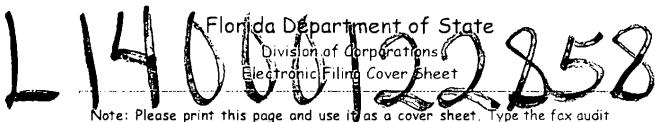
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Division of Corporations



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(((H23000010121 3)))



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To:		
	Division of Corporations	
	Fax Number : (850)517-6383	
i)		-
Ero Fro	π:	
37	Account Name : FOLEY & LARDNER	
:	Account Number : 119980000047	, · · · ·
	Phone : (407)423-7656	
	Fax Number : (407)548-1743	* ; -
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. m	**Enter the email codress for this business entity to be used for future	Ξ.
2683	annual report mollings. Enter only one email cooress please.**	
	Email Address:	

LLC REGISTERED AGENT CHANGE MV REALTY PBC, LLC

Certificate of Status	0
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M. SOLOMON

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1/5

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COVER LETTER

TO: Registration Section Division of Corporations	
MV REALTY PBC, LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Antony Mitchell	
Name of Person	
MV REALTY PBC, LLC	
Firm/Company	
219 N. Dixie Blvd.	
Address	
Delray Beach, FL 33444	
City/State and Zip Code	
amitchell@homesatmy.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Steve Scott 5	16 400-7996
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	t:
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

H230000101213

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)						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)			
	219 N. Dixie Blvd.	2	19 N. Dixie Blvd.		_	
	DELRAY BEACH, FL 33444	n	ELRAY BEACH, FL 33444			
	03/05/2014	L1-	4000122858			
	Date of filing/registration in Florida	4.	Document number			
(a)	Amanda Zachman					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address IMUST BE FLORIDA STREET 219 N. Dixie Blvd	T ADDRESS)				
	Delray Beach , F	TL		\ <u>-</u>	2023	
(b)				i,	2023 JAH 17	
(0)	Enter name of NEW Registered Agent and/or NEW Registered			س ۱-۴	7	
	CT Corporation			; .		
	NEW Registered Office ∧ddress:	 		3	<u>දුරු</u> රා	
	1200 South Pine Island Road			, '	9.0	
	Plantation, F	33324				

Bubiliell	Antony Mitchell
Signature of a member or authorized representative of a member	Printed or typed name of signee

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.

. Stylene Herry

Signature of Registered Agent