## L14000156312

(Requestor's Name)						
(inequesions warne)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Considerations to Filian Officer						
Special Instructions to Filing Officer:						

Office Use Only

A. RIVERS FEB 2 1 2023



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NOV 28 2022

SECRETARY OF STATE

NOV 28 PH 2: 53

## 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. Na	me of the limited liability company: MDS MAIN STR	EET. I	LLC			
2. (a)	129 S. LITH STREET		(b) 129 S. 11TH STREET			
(/	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(5)	-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	NASHVILLE, TN 37206		NAS	SHVILLE, TN 37206	VILLE, TN 37206	
	10/07/2014		L1400	00156312		
3.	Date of filing/registration in Florida ALTON L LIGHTSEY	4.		Document num	nber	
5. (a)	Registered Agent and Registered Office shown on the records of	the Flo	rida Dept.	of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 2105 PARK AVENUE NORTH			<del></del>	- 2028 FA	
		32789	)		PILL AHASSE	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u> 222 W COMSTOCK AVENUE <u>NEW Registered Office Address:</u>				PH 2: 53 PH 2: 53 FEE. FLORID	
	WINTER PARK , FL	32789	)			
change agent v was/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ability of the l limite	ered offi compan limited li d liabilit	ice and the business only, it is hereby confirming the is hereby confirming or a ty company.	office of the registered ned that the change(s)	
Signa	ure of a member or authorized representative of a member		1. TON 1.	LIGHTSEY  Printed or typed i	name of signee	
I here provisi the obl to mero notified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do not in writing of this change.	ree to o perfor d for i hereby	uct in thi mance on Chapto confirm	in a description of Easth and	arms to someth with the	