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Division of Corporations

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Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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LLC REGISTERED AGENT CHANGE **M&G REALTY ENTERPRISES LLC**

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S. KOLLIN

OCT 24 2023

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pros subs Flor	n II.	ant to the provisions of sections 605.0114 or 605.0 is the following statement in order to change its h. M&G REA	register	red o	office or re	egistered ägent, or both, in the State of
1. 1	Йал	me of the Limited Liability Company:				
2. (a)	2950 West Cypress Creek Road Suite 3 Principal office address of limited liability company: (Note: MUST BE STRUET ADDRESS)		Ф		est Cypress Creek Road Sulte 302 Meiling address of limited liability company: (Note: MAX BE POST OFFICE BOX)
		Fort Lauderdale, FL 33309			Fort Lau	uderdale, FL 33309
3.		2/4/2015 Date of filing/registration in Florida	_{4.}	-	L15000	0021132 Document number
5 . 1	(a)	CT Corp Registered Agent and Registered Office shown on the record	is of the Fid	orlds	Dept. of State	- p:
		C T Corporation System Registered Office Address AMUST RE FLURIDA STRE 1200 South Pine Island Road	ET ADDR	<u> ZESS</u>	2	_
		Plantation	, FL <u>33</u>	324	4	-
C	b)	Capitol Corporate Services, Inc. First name of NEW Restricted Agent and/or NEW Restricted 515 East Park Avenue 2nd Fl	offic bern	on stde	irs:	:: ;; L
		NEW Registered Office Address:				•
		Tallahassee	, FL_32	301	l	-
the cager was	ha it v	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the member cless of organization or the operating agreement of	s of the r d liability ers of the	regis ly co lim	tered office mpany, it is ited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
_		esmer (Oct 19, 2023 13.40 EDT) ture of a member or authorized representative of a member	_	Mat	thew Mesn	ner, Authorized Signatory Printed or typed name of signee
The province to mottly	rel isi ere ee	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp ligations of my position as registered agent as prov by reflect a change in the registered office address of in writing of this change.	agree to lete perfo ided for s, I hereb	e act ormo In C by on	In this cape ance of my chapter 605 anfirm that	
		and the state of A and			·	nt Secretary on
១ដោ	sili.	ro of Registered Agent beh	elt of C	æpt	tol Corpo	erate Services, Inc.
		Division of Corporations P.	O. Box 6			sec, FL 32314

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