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LISCOOD	66769
(Requestor's Name) (Address) (Address)	600314881786
(City/State/Zip/Phone #)	06/25/1801028014 ** 25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 18 JUN 25 PH 1: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Office Use Only	JUN 2 U 2018

COVER LETTER

TO: **Registration Section** Division of Corporations

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

U(<u>C X</u>:

E Group/IIC

Brickell ANP.

MIGMI / H 33131 City/State and Zip Code

SICCANOUPO AMAILEM E-mail address: (b be used for future annual report notification)

For further information concerning this matter, please call:

trturo juso

at (<u>766)</u> <u>502.4502</u> Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations **Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

2 \$25 Filing Fee

\$55 Filing Fee & Certified Copy

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.

I. Na	me of the limited liability company:MREGNUP,LLC	<u> </u>
2. (a)	848 Brickell Ave, St 305 Miami (b)	
2. (4)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
		00060769
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	USH REGISTER AGENT SErviceSTAC. Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat	
	<u>EAB Brickell AVE, Ste 305 Micmi</u> Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	41,33131
	FL	-
(b)	Arturo Sisc	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
	<u>NEW</u> Registered Office Address:	
	Micmi (1 3313)	1:52 LORIDA
	, FL	
the cha agent w was/we	mited liability company is not organized under the laws of the State of Fl nge or changes are made, the Florida street address of the registered office vill be identical. Or, in the case of a Florida limited liability company, it i re authorized by an affirmative vote of the members of the limited liabilit cles of organization or the operating agreement of the limited liability cor	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
	Arh Arh	Printed or typed name of signee
Therel provisi the obli to mere notified	by accept the appointment as registered agent and agree to act in this cap only of all statutes relative to the proper and complete performance of my ignitions of my position as registered agent as provided for in Chapter 60: by reflect a change in the registered office address. Thereby confirm that I'm writing of this change.	
Signatu	e of Registered Agent Division of Corporations• P.O. Box 6327• Tallahas	ssee, FL 32314

FILING FEE: \$25.00

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