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C. BRUMBLEY
DEC - 9 2021

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MM WALK RET	ne of Limited Liability Company
Nar	ne of Limited Clability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
LINDA M. PARRISH Name of Person	
KMETZ ELWELL GRAHAM - AS	soc., PLLC
1575 INDIAN RIVER BLUI Address	D., STE C 240
VERO BEACH, FL 329 City/State and Zip Code	<u>60</u>
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter,	please call:
BRIAN J. ELWELL CPA Name of Person	at (772) 231-6902 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	amount:
Ş₄ \$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.

1.	Na	ame of the limited liability company:MM WAL	LK RETA	414 L	·LC			
2.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POS							company:
		VERO BEACH, FL 32960		NERO	ВЕАСН,	FL	32960	
3.		Date of filing/registration in Florida	4.		<i>S0000</i> Document			
5.	(a)	Registered Agent and Registered Office shown on the records of the	: KEVIN : Florida Dept.		<i>(</i>			
		2101 INDIAN RIVER BLVD. SWITE 200 Registered Office Address (MUST BE FLORIDA STREET AD	DDRESS)			IXI	2021 / Signal	
	(b)	KMET2 ELWELL GRAHAM + ASSOCIATES PLI Enter name of NEW Registered Agent and/or NEW Registered O	LC			LI SASSEL	2021 NOV 17 AH 10:	
		1575 INDIAN RIVER BLVD. SUITE C240 NEW Registered Office Address:					16	8
		VERO BEACH .FL	32960					
cha age wa the	ange ent v is/we e arti	limited liability company is not organized under the laws to or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limited by the companion of the limited liabilities are considered by the companion of the limited liabilities are considered by the companion of the limited liabilities are considered by the companion of the limited liabilities are considered by the companion of the limited liabilities are considered by the companion of the limited liabilities are considered by the companion of the limited liabilities are considered by the companion of the limited liabilities are considered by the companion of the limited liabilities are considered by the companion of the limited liabilities are considered by the companion of the limited liabilities are considered by the companion of the limited liabilities are considered by the companion of the limited liabilities are considered by the companion of the limited liabilities are considered by the companion of the limited liabilities are considered by the companion of the liabilities are considered by the constant of the liabilities are consider	egistered off ility compar the limited l mited liabili	ice and ny, it is liability ty comp	the busine hereby cor company	ss offic ifirmed or as ot	that the cherwise p	egistered hange(s)
I F pro the to	herei ovisi e obl meri	ature of a member or authorized representative of a member or authorized representative of a member or authorized representative of a member of all statutes relative to the proper and complete peligations of my position as registered agent as provided for the reflect a change in the registered office address, I hered in writing of this change.	to act in th	is canad	rity Liber	her nor	ee to com	ply with the 1 and accept 5 being filed has been

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent