L16 000 671345

(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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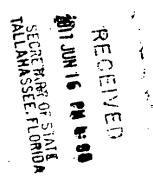


FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2017

GAIL KOHN 86 E RT 59 SPRING VALLEY, NY 10977

SUBJECT: MPG M&S LLC Ref. Number: L16000071345



We have received your document for MPG M&S LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 217A00010390

COVER LETTER

TO: Registration Section Division of Corporations						
MPG M&S LLC 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	g this matter to the following:					
Gail Kohn						
Name of Person						
Capital Realty						
Firm/Company						
86 E RT 59						
Address						
Spring Valley, NY, 10977						
City/State and Zip Coo	de					
gail@thecapitalrealty.com						
E-mail address: (to be used for future	annual report notification)					
For further information concerning this ma	tter, please call:					
Gail Kohn	845 356-7773 ext-102					
Name of Person	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 Tallahassec, Florida 32314					
Enclosed is a check for the follow	ving amount:					
■ \$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

l. N	ame of the limited liability company: MPG M&S LI	_C			
2. (a)					
. ,	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		ν.	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	18457 NW 37th Avenue		Spring Valley, NY, 10977		
	Miami Gardens, FL, 33056				
	4/12/16	L	1600007	1345	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	V Corp Service LLC				
J. (u.	Registered Agent and Registered Office shown on the records of 25 Rober Pitt Dr. Monsey, NY, 10977	the Florida I	Dept. of State	;	
	Registered Office Address	<u>ADDRESS</u> _L			
				57.	
	FI			17	
	,	·			
(b)	Enter name of NEW Registered Agent and/or NEW Registered				
	Enter name of NEW Registered Agent and/or NEW Registered	d Office a <u>d</u> di	ress:		
	Miami Gardens Apartments LLC			17 JUN 16 JAN 71 L	
	NEW Registered Office Address:	-	· · · · · ·	800 a	
	18457 NW 37th Avenue				
	Miami Gardens, Fi	. 33056			
the ch agent was/w the ar	limited liability company is not organized under the lanange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the manufacture of a member or authorized representative of a member	iws of the S if the regist iability cor of the limi e limited li	State of Flo ered office upany, it is ted liability	e and the business office of the registered s hereby confirmed that the change(s) we company or as otherwise provided in apany.	
I her provi: the of to me notific	why accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete bligations of my position as registered agent as providerely reflect a change in the registered office address, led in writing of this change.	grec to act i e performa ed for in C hereby co.	in this cape nce of my c hapter 605 nfirm that i	water I freethan arrest to comply with the	

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