## L1600D210586

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

Office Use Only



600404660336

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	AC	COUNT NO.	:	12000000195	
		REFERENCE	:	1 // V ' A	3
	AUTH	ORIZATION	:	Syrinde ma	
	C	OST LIMIT	:	\$ 25.00	
ORDER DAT	E : March	29, 2023		-	. • • • • • • • • • • • • • • • • • • •
ORDER TIM	E: 8:04	AM			
ORDER NO.	: 622028	-020			
CUSTOMER :	NO: 840	9333			
	<b></b>				
	<u>C</u>	HANGE OF A	GEN]	$\underline{\Gamma}$	
NAI	ME: MAD	A & R LLC			
PLEASE RE	TURN THE FO	LLOWING AS	PRC	OOF OF FILING:	
	ERTIFIED CO LAIN STAMPE				

EXAMINER:

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

## 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: MADA & R LL	.C	_		
			(b)	)	
2. (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0,	Mailing address	of limited liability company: BE POST OFFICE BOX)
	2100 Ponce de Leon Blvd Suite 860			2100 Ponce de Leon B	lvd Suite 860
	Coral Gables, FL 33134			Coral Gables, FL 33134	4
	11/17/2016			L16000210586	
3.	Date of filing/registration in Florida	4.	-	Document nu	ımber
5. (a)					
ν. (u)	Registered Agent and Registered Office shown on the records of VGV (US) LLC	of the Flo	rida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDR	ESS)	<del></del>	
	2100 Ponce de Leon Blvd Suite 860				
	Coral Gables	FL_3313	34		2u23 <b>HA</b> R
					3 #A
(b)					R 30
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office	: add	ress:	
	Corporation Service Company				##
	NEW Registered Office Address:				, <u>o</u> i
	1201 Hays Street				, -
	Tallahassee, I	։L <u>3230</u>	11	<del></del>	
change agent v was/we	imited liability company is not organized under the lear changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne regist liability s of the	terec con limi	I office and the business npany, it is hereby confi- ted liability company or	office of the registered rmed that the change(s)
					zález, Manager
Signa	ture of a member or authorized representative of a member			Printed or types	I name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as providily reflect a change in the registered office address. If in writing of this change.	gree to d le perfoi led for i. I hereby	act i rmai n Cl : coi	in this capacity. I furthe ace of my duties, and I a hapter 605, F.S. Or, if th afirm that the limited lia.	r agree to comply with the m familiar with and accept his document is being filed bility company has been
	re of Registered Agent  E. Kirby, Asst. Vice President on behalf of Corporation Service C	Company			

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