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(Requestor's Name) (Address)	
(Address)	700425744787
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	9
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088 If there are any issues please contact Patrice at 850-202-9071

		850-20	)2-9071
Date:	03/25/2024		
Name:	Patrice Rush		
Reference #	e2277966		
		MTCDP, LLC	
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EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES, REGISTER #8010712 6 LLOYDS AVE, UNIT 4CL LONDON EC3N 3AX +44 (0)20.3961.3080 ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED AHONG KONG UMITED COMPANY UNIT B. 1/F, LIPPO LEIGHTON TOWER 103 LEIGHTON RD, CAUSEWAY BAY HONG KONG P: +852.2682.9633 F: +852.2682.9790

## 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	me of the limited liability company:MTCD	P, LLC	
2. (a)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	(b)	Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )
	No Change	N	o Change
	January 26, 2016		L17000050332
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	F & L CORP.		
	Registered Agent and Registered Office shown on the records	s of the Florida Dep	t. of State:
	ONE INDEPENDENT DRIVE, SUITE 130	00	···
	Registered Office Address (MUST BE FLORIDA STRE	<u>ET ADDRESS)</u>	
	SUITE 1300		
	JACKSONVILLE	FL_32202-50	17
(b)	COGENCY GLOBAL INC.	_	E. FL
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>ered Office address</u>	
	115 North Calhoun St., Suite 4		
	<u>NEW</u> Registered Office Address:		
	Tallahassee	<sub>FL</sub> _32301	
the cha agent v was/we	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 limited ere authorized by an affirmative vote of the membe cles of organization or the operating agreement of	a laws of the Stat s of the registere d liability compa s of the limited	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	dam Maxwell Eliscu		laxwell Eliscu
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

/s/ Timothy Mayville

Signature of Registered Agent

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