

10/16/2019

L170005489
 Division of Corporations
 Florida Department of State
 Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM
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**LLC REGISTERED AGENT CHANGE
MMI BRANDON, LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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. Name of the limited liability company: MMI BRANDON, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

100 e pine st suite 110 Orlando, FL 32801

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

100 e pine st suite 110 Orlando, FL 32801

03/09/2017

L17000054891

3. Date of filing/registration in Florida

4. Document number

5. (a) WRIGHT, MICHAEL

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1600 PINE BLUFF AVE

Orlando, FL 32806

C T Corporation System

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change was authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Natalie Pickens

Natalie Pickens

Signature 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 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, I hereby confirm that the limited liability company has notified in writing of this change.

By: Alfred Younan

Signature of Registered Agent

Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

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