

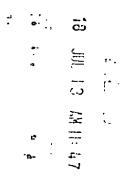
(Requestor's Name)							
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(Cit	ry/State/Zip/Phon	e #)					
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(Document Number)							
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S. PRATHER

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations					
SUBJECT:	mP2 VENTURES LLC					
Sobster.	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Office	e Change an	d fee(s) are submitted for filing.			
Please return	all correspondence concerning this	matter to the	e following:			
Rodrigo C	unha					
	Name of Person					
MP2 VEN	TURES LLC					
	Firm/Company					
121 South	Orange Ave, Suite 850					
-	Address					
Orlando, F	FL 32801					
	City/State and Zip Code					
	magicdevelopment.com	· 				
E-mail	address: (to be used for future annua	al report not	ification)			
For further i	nformation concerning this matter, p	lease call:				
Rodrigo C	unha	at (407-992-8802			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Divi Clifi 266	REET/COURIER ADDRESS: istration Section ision of Corporations iton Building 1 Executive Center Circle ahassee, Florida 32301	F D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 'allahassee, Florida 32314			
Enc	losed is a check for the following a	mount:				
☑ \$	25 Filing Fee	۵	\$55 Filing Fee & Certified Copy			

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: MP2 VENTUR	ES LL	C 	····		
2. (
- . (<u>.</u> , .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	,M	failing address of lir (Note: MAY BE F	nited liab	ility company:
		121 South Orange Ave, Suite 850		121 Sout	th Orange Ave	e, Suite	e 850
		Orlando, FL 32801	_	Orlando,	FL 32801		
		5/9/17		L1700010	2548		
3.		Date of filing/registration in Florida	4.		Document numb	er	
5.	(a)	Stacey Stuck					
J. '	(a)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State:	:		
		Registered Office Address (MUST BE FLORIDA STREET A	<u> </u>	.s	v v	2 ,	
		121 South Orange Ave, Suite 850		_	•		
		Orlando,	32801			•	
		, FL					<u>.</u>
(b)	Rodrigo Cunha					6
(U)	Enter name of NEW Registered Agent and/or NEW Registered (Office add	dress:			, =
							47
		NEW Registered Office Address:					
		121 South Orange Ave, Suite 850	<u></u>	. 			
		Orlando en 3	32801				
		, FL	02001				
the age was	cha nt v /we	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization of the operating agreement of the l	the regis bility co Tthe lim	stered office ompany, it is ited liability	and the busines hereby confirm company or as	s office ed that	of the registered the change(s)
				RODR	<u> က်လဝ (() ၊</u> Printed or typed na	14A	-
I he pro the to n	erei visi obl iere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete i igations of my position as registered agent as provided elv reflect a change in the registered office address, I have in writing of this change.	e to act perform for in C ereby c	in this come	acity I further o	oree to	comply with the
Sign	natu	re of Registered Agent					
		(