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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations				
SUBJECT: Statement of Cha	unge of registered agent. MCnate of Limited Liability Company Holdi			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning the	is matter to the following:			
John Connelly Name of Person				
Monab Property Had	ings, LLC			
bo no both Street	-			
Ft. Lauderdale, ft. 33 City/State and Zip Code	309			
E-mail address: (to be used for future ann	nual report notification)			
For further information concerning this matter,	please call:			
John Connelly Name of Person	at (954) 71 - 1100 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:			
Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
□ \$25 Filing Fee	□ \$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.

rioria	a.				
1. N	ame of the limited liability company: MCnab 1	Property H	bodings, UC	<u> </u>	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited li	ability company:	
	Ft. Lauderdale, FL 33309	# Lou	uderdaley FL	33309	
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of the 2800 Ponce De Loo Black Registered Office Address (MUST BE FLORIDA STREET ALL STREET AL	vd	_ e: - -		
(b)	T1 0		SLORETARY OF STATE TALLAHASSEE, FLORIDA	2018 HAR IL AMII: 05	
the cha agent was/w the art	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of icles of organization of the operating agreement of the liability of t	s of the State of Flo he registered office pility company, it is the limited liability mited liability com	e and the business offices shereby confirmed that you company or as others	ce of the registered t the change(s) wise provided in	
I here provis the ob- to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree in one of all statutes relative to the proper and complete piligations of my position as registered agent as provided rely reflect a change in the registered office address, I he did in writing of this change to the registered of the change of Registered Agent Division of Corporations P.O. Bo	e to act in this cape erformance of my c for in Chapter 605 ereby confirm that	acity. I further agree t duties, and I am famili 5, F.S. Or, if this docu the limited liability cor	o comply with the	
FILING FEE: \$25.00					