

(((H19000352959 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC REGISTERED AGENT CHANGE

MIDEN GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

I TEIRIERIX

0 333

Electronic Filing Menu Corporate Filing Menu

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.

L. Na	ame of the limited liability company: Miden Gr	oup,	LLC		
2. (a)	225 NE 1ST STREET	(h	, 225 NE	1ST STREET	
2. (d)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		failing address of limited liabi (Note: MAY BE POST OFF	
	412		412		
	DELRAY BEACH, FL 33444	_	DELRAY	BEACH, FL 33444	
	12/29/17		L170002	264093	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	UNITED STATES CORPORATION AGENTS	S, INC.			
.). (a)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	:	
	13302 WINDING OAK COURT				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	1		
	Α				
	TAMPA , FI.	33612	2	. 200 SA	
(b)	Registered Agents Inc.			ORE 7	百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百百
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	3.5.5. V.X.V.	ارا چشمی
	7901 4th St N			DE TUS	Ö
	NEW Registered Office Address:			STATI LORIC	
	STE 300			∞ ∞	
	St. Petersburg	33702	2		
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi: ability co of the lim	stered office ompany, it is nited liability	e and the business office is hereby confirmed that the y company or as otherwise	of the registered he change(s)
	Rilly Pak.	Rile	ey Park		
-	ature of a member or authorized representative of a member			Printed or typed name of sign	
provis the ob- to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I had in writing of this change.	TIP PICE PIN	27312122 215 317 11 1	annes ana i am iaminar	wan ana acem

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent