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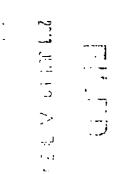
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Certified Copies	_ Certificates	of Status
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: MY1+11C Name	of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
MIVI OF VI Name of Person			
MITH LLC Firm/Company	<u> </u>		
3102 Peachtre	e CIV		
Davie 42 33328 City/State and Zip Code	}		
E-mail address: (to be used for future annual	al report notification)		
For further information concerning this matter, p	lease call:		
Name of Person	at ( 305 ) 308 - 3332 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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.

i. Na	me of the limited liability company: MYI+ LLC		
2. (a)	mucil 110	mirit	LLC
<b>.</b> (=/ ,		Mailing address of limited (Note: MAY BE POS)	
	3102 Peachtree cir 3	102 Peac	htree Cir
	Davie fr 33328	Davio fl-	35327
	JKV14 PC 33200		-
	7/91/18 <u>F</u>	80000	73061
3.	Date of filing/registration in Florida 4.	Document number	
5. (a)	Frit Bibas	. f	ر. ر. ر.
	Registered Agent and Registered Office shown on the records of the Florida Dept, of State	::	=
	ALLOW DE EL ADID A STREET ADDRESS		.3
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		1
	848 kw 814 Are		<u> </u>
	Plantation .FL 33324		Col
4.	mirci ofri		€:
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	•	
	3102 Peachtrep Cir		
	NEW Registered Office Address:		
	Davie		
16 de a la	imited liability company is not organized under the laws of the State of Flo	vriđa it is haraby co	nfirmed that after
the cha	nge or changes are made, the Florida street address of the registered office	and the business of	ffice of the registered
was/we	vill be identical. Or, in the case of a Florida limited liability company, it is are authorized by an affirmative vote of the members of the limited liability	v company or as oth	erwise provided in
	cles of organization or the operating agreement of the limited liability con	niri Ari	
Signat	ure of a member of authorized pepresentative of a member	Printed or typed name	of signee
	the state of the s	acity. I further agre	e to comply with the
the obl	by accept the appointment as registered agent and agree to act in this cap ons of all statutes relative to the proper and complete performance of my digations of my position as registered agent as provided for in Chapter 605 Ely reflect a change in the registered office address. I hereby confirm that I'm writing of this change	auties, and I am jam i, F.S. Or, if this doc the limited lightling	uuar wun ana accept cument is being filed company has been
notified	I'm writing of this change.	те итпеч наоту	сотрину наз псен
Signatu	re of Registered Agent		
-	i i v		