(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
<u> </u>						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						
హ						

Office Use Only



600429667096

2024 JET 18 ZM 9: 44

2024 JUN 18 AM 11: 30

RECEIVED

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	ame of the limited liability company: MB MIXED US	E INVES	TMENT HO	OLDINGS, LLC		
2. (a)		ſ	b)			
- (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3109 GRAND AVENUE #349			
	3310 Mary Street Suite 302					
	Coconut Grove, FL 33133		Coconut	Grove, FL 33133		
	05/30/2018		L180001	33780		
3.	Date of filing/registration in Florida	— 4.		Document number		
5. (a)						
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florid	la Dept. of Sta	 ate:		
	NRAI SERVICES, INC.					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.		_		
	1200 S PINE ISLAND RD		_		202	
	PLANTATION . F	33324		_ _;	**************************************	
				<u> </u>	37675 18 18 18 18 18 18 18 18 18 18 18 18 18 1	
(b)				• • • • • • • • • • • • • • • • • • • •		
•	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	* STA	
	Corporation Service Company					
	NEW Registered Office Address:					
	1201 Hays Street			_		
	Tallahassee	32301				
16.4. 1	Control Pol 199		C	-		
change agent v was/we	imited liability company is not organized under the la or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles-of organization or the operating agreement of the	e registere lability co of the lim	ed office ar ompany, it i nited liabili	nd the business office is hereby confirmed (ty company or as oth	e of the registered that the change(s)	
	Xia & Court		-	UTHORIZED PERSO	N	
Signature of a member or authorized representative of a member			Printed or typed name of signee			
provisi the obl to mere notified	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I in writing of this change.	ree to act performed for in C hereby co	t in this cap ance of my Chapter 60, onfirm that	oacity. I further agre duties, and I am fam 5, F.S. Or, if this doo the limited liability o	e to comply with the viliar with and accept cument is being filed company has been	
Signature of Registered Agent GRACE E. KIRBY, ASST. VICE PR					IDENT	