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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| | Registration Section Division of Corporations | | | | | | | | | |
|------------|--|-----------------------------------|--|--|--|--|--|--|--|--|
| SUBJEC | MMC Florida Holdings LLC | | | | | | | | | |
| | · | Name of Limited Liability Company | | | | | | | | |
| Dear Sir | or Madam: | | | | | | | | | |
| The encl | osed Registered Agent/Registered | Office Change as | nd fee(s) are submitted for filing. | | | | | | | |
| Please re | eturn all correspondence concerning | g this matter to th | ne following: | | | | | | | |
| Elenice | Portz | | | | | | | | | |
| | Name of Person | | | | | | | | | |
| Portz Le | gal, P.A. | | | | | | | | | |
| | Firm/Company | <u>.</u> | | | | | | | | |
| 2250 SV | V 3rd Ave., Suite 205 | | | | | | | | | |
| | Address | | | | | | | | | |
| Miami, F | L 33129 | | | | | | | | | |
| | City/State and Zip Coo | de | | | | | | | | |
| elenice@ |)portzlegal.com | | | | | | | | | |
| E-r | nail address: (to be used for future | annual report no | tification) | | | | | | | |
| For furth | ner information concerning this ma | tter, please call: | | | | | | | | |
| Elenice I | Portz | 786 at (| 973-6044 | | | | | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | | | | | |
|] | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | | | |
| 1 | Enclosed is a check for the follow | ing amount: | | | | | | | | |
| í | ■ \$25 Filing Fee | 0 | ☐ \$55 Filing Fee & Certified Copy | | | | | | | |

INHS18 (2/14)

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: MMC Florida Hole | dings | s LL(| | | | | _ | | | |
|---|--|-----------------------------------|--------------------|--------------------------------|---|---------------------------|------------------------------|---|------------------------------|--------------------------------------|---|
| 2. (a) | 45 SW 9th Street, Apt. 2808, Miami, FL 33130 | | (b) | 45 SV | / 9th 8 | Street, | Apt. 2 | 808, M | iami, F | L 33130 | |
| (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX) | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | - | | | | - | | · · | | | |
| | 06/22/2018 | | L | 180001 | 5389 | 5 | | | | | |
| 3. 5. (a) | Date of filing/registration in Florida Andre Menoti Merli | 4. | _ | | D | ocumei | nt nun | nber | | | |
| J. (11) | Registered Agent and Registered Office shown on the records of the 45 SW 9th Street, Apt. 2808, Miami, FL 33130 | ne Flo | nda l | Dept. of S | State: | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STRUET A | <u>DDR</u> | <u>ESS)</u> | • | | • | • | , . | | 23 | , * . • * . • * . |
| | Portz Legal, P.A. | • | | · . | | | | | | APR -9 | 4 |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered C | Office | add | ress: | | | | | • | 7 | |
| | 2250 SW 3rd Ave., Suite 205, Miami, FL 33129 | | | ·., | | | | | | <u>2</u> | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| | NEW Registered Office Address: | | | | ı'. | | • | | | 25 | 1 |
| , e | FL. | | i i | | ٠. | | • | • | | ~ | ٤ |
| change agent v | mited liability company is not organized under the laws of changes are made, the Florida street address of the roll be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the li | cgist vility the i imite | con limited lia | i office ipany, led liab | it is h | ereby (compar iny. | confir ny or a | med th | at the | change(s) |) |
| I herel provisi the obli to mere | and of a member of authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pregations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change. | iori | | anter i | apacı ny du 305-1 | ity. I fi ties, an | urther id I ai r if th | is docu | to con iar wil iment i | iply with th and ac is being f | filed |
| Signatur | e of Registered Agent | | , . | , 2ª | | • | ٠ | | | | <i>;</i> ; |
| | Division of Corporations P.O. B | ox 6. | 327 | .Talla | ĥasso | e, FL | 3231 | 4 | ٠. | | . * |

FILING FEE: \$25.00