(F	(lequestor's Name)
(A	(ddress)	
(A)	(ddress)	
(C	ity/State/Zip/Phon	ne #)
☐ PICK-UP	☐ WAIT	MAIL
(É	usiness Entity Na	me)
2)	Ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
	` ;	
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Office Use Only



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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. N	lame of the limited liability company: MB MIXED US	SE INVEST	MENT HOI	LDINGS MEMBER, LLC
2. (a)		(b))	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3310 Mary Street Suite 302		3310 Mar	y Street Suite 302
	Coconut Grove, FL 33133		Coconut (Grove, FL 33133
	12/17/2018		L1800028	7475
3.	Date of filing/registration in Florida	 4		Document number
5. (a)				
5. (a)	of the Florida	Dept. of State	- 2:
	Liesch, Hiedi M.		•	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		-
	1200 SOUTH PINE ISLAND ROAD		202	
	PLANTATION	33324		2024 JUH 18
		L		8
(b)				
	inter name of NEW Registered Agent and/or NEW Registered Office address:		- AR 9:	
	Corporation Service Company			MM 9: 51
	NEW Registered Office Address:			-
	1201 Hays Street			
	Tallahassee , F	FL 32301		
If the	limited liability company is not organized under the la	awa ufika 6	State of Uta	- aida ir is langelin markimmad than after the
change agent was/w the art	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited leave authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	ne registered liability cor of the limi	l office and nearly, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	aturo of a member or authorized representative of a member	JILL	CILMI, AU	THORIZED PERSON
Signa	ature of a member or authorized representative of a member		•	Printed or typed name of signee
provis the ob to mer notifie	by accept the appointment as registered agent and ay ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, l d in writing of this change.	gree to act i e performal led for in Ci I hereby coi	n this capa nce of my a napter 605, nfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signati	Wrace Cokuble Jre of Registered Agent	GRACE E	KIRBY. A	ASST. VICE PRESIDENT
Juguall	are or incremented takent .			