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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

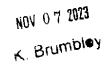
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LLC REGISTERED AGENT CHANGE **MULDIN LLC**

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COVER LETTER

mo n	
TO: Registration Section Division of Corporations	
Division of Corporations	
MULDIN LLC SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
Dear Sir of Madain.	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Mary Castillo	
Name of Person	·
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	eall:
Mary Castillo	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amou	nt:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
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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.

(a)	1197 W 49TH ST	(b)			
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(%)	Mailing	g address of limited liability company: e: MAY BE POST OFFICE BOX)	
	HIALEAH, FL 33012	H	IALEAH, FL 3	33012	
	2/7/2019	L19	000039245		
	Date of filing/registration in Florida	4.	Docu	ment number	
(a)	Santiesteban, Melissa				
(a)	Registered Agent and Registered Office shown on the records of 1197 W 49TH ST	the Florida Dep	nt. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	HIALEAH, F	L 33012		20	
(b)	Registered Agent Solutions, Inc.			PILLO PIL	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office addres	∑ :	£ []	
	2894 Remington Green Ln.			PH	
	NEW Registered Office Address:			'S	
	Ste. A			. 02	
	Tallahassee , F	L 32308			
iange jent v as/we	imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	registered o ability compa of the limited	ffice and the t any, it is herel I liability com	business office of the registered by confirmed that the change(s) apany or as otherwise provided in	
IJ	Victor Vaquero	Victor V	'aquero	Authorized Signer	
Signat	ture of a member or authorized representative of a member		Printe	ed or typed name of signee	
wwiei	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I	nortornonce	o al mir dulius	- and I am lamiliar with and acc	

Mackenzie Hibler, Asst. Secretary

Signature of Registered Agent