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From:

Account Name : WATSON SLOANE PLLC

Account Number : I20150000117 Phone : (407)622-6751

Fax Number : (866)440-1211

*≝exter the email address for this business entity to be used for future □≘annual report mailings. Enter only one email address please.**

LLC REGISTERED AGENT CHANGE RPA MILAM HOLDINGS, LLC

____j.sloane@watsonsloane.com_

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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.

l. Na	me of the limited liability	company:	MILAM	HOLDIN	GS, LLC				
	1110 SW Ivanhoc Blvd.			(b) 1110 SW Ivanhoe Blvd.					
2. (a) _		of limited liability company: E STREET ADDRESS)	(0)		Mailing address of lim				
	Suite 29		_	Suite 29					
	Orlando, FL 32804		_	Orlando.	F1, 32804				
	C	9/1 7/ 2019			1.19000227516				
3.	Date of filing/re	gistration in Florida	4.		Document number	r			
5. (a)	Watson Sloane PLLC								
	Registered Agent and Registe 100 S. ORANGE AVENU								
	Registered Office Address	(MUST BE FLORIDA STREET A)	DDK12QQ/	•					
	ORLANDO	, FI.	32801		- _		2023		
4.	Watson Sloane PLLC						حدہ د '		
(b) _.	Enter name of NEW Registe	ed Agent and/or NEW Registered (Office ado	ress:			15.2		
								r	
	390 N. Orange Avenue					-	<u> </u>	<u>(,</u>	
	NEW Registered Office Add	ress:				$\tilde{\cdot}$?		
	Suite 1800				_	÷	26		
	Orlando	, FI	32801						
Signal I here provis the obto mer notifie	c or changes are made, the will be identical. Or, in the creation of the creat	t as registured agent and agre e to the proper and complete to registered agent as provided e registered office address, I h	registere bility cost the lim impted di	d office a mpany, it ited liabil isbility co	is hereby confirmed ity company or as company. Printed or typed name of the process.	d that to therwi	he regis he char se prov	stered ngc(s) ided in	
		sion of Carparations & P.O. B	4335	la Tallak	aggar El 2731d				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00