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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

MDA Cabinets LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darcy Antonio Gerage Junior

Name of Person

MDA Cabinets LLC

Firm/Company

851 NE 1st Ave apt 3004 (#349)

Address

Miami / FL - 33132

City/State and Zip Code

dgerage@gmail.com

32303

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darcy Antonio Gerage Junior at (786)212-2053

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

☑ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

2021 AUG 20 PM 1:55 SECKE JAHA SSTELFI TALLAHASSTELFI

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. Name of the limited liability company: MDA Cabinets LLC
- 2. (a) 851 NE 1st Ave, apt 3004 (#349) Miami FL 33132 (b) 851 NE 1st Ave, apt 3004 (#349) Miami FL 33132-Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST RE STREET ADDRESS)

10/02/2019

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3. Date of filing/registration in Florida

4. Document number

5. (a) Antonio Gerage, Darcy, Junior

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

201 S Biscavne BLVD. Ste 1200.

Miami, FL 33131

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

851 NE 1st Ave, apt 3004 (#349)

Miami, FL 33132

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Darcy Antonio Gerage Junior

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed

to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent