L19000280313

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address:

LLC REGISTERED AGENT CHANGE
MBS MARKETING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

2022 JUN -3 PM 4:37

2022 JUN -3 AM 10:27

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JUN - 3 2022

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H22000195119

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MBS MARKETING, LLC a Florida Limited Liability Company

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:

Name of Person

Capitol Corporate Services, Inc. Attn: COA Team
Firm/Company

PO Box 1831
Address

Austin, TX 78767
City/State and Zip Code

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

For further information concerning this matter, please call:

Change of Agent Team at (800) 345-4647
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee

☒ $55 Filing Fee & Certified Copy

INHS18 (2/14)

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Leslie Sellers 8004323622 (04/04) 06/03/2022 03:19:55 PM

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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. Name of the Limited Liability Company: MBS MARKETING, LLC a Florida Limited Liability Company

2. (a) 200 E. PALMETTO PARK RD.
BOCA RATON, FL 33432
Principal office address of limited liability company: (*Note: MUST BE STREET ADDRESS*)

(b) 200 E. PALMETTO PARK RD.
BOCA RATON, FL 33432
Mailing address of limited liability company: (*Note: MAY BE POST OFFICE BOX*)

3. 11/25/2019
Date of filing/registration in Florida

4. L19000280313
Document number

5. (a) COGENCY GLOBAL INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

115 N. CALHOUN ST.
Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)

STE. 4

TALLAHASSEE, FL 32301

(b) CORPORATION COMPANY OF MIAMI ATTN: Matthew Sackel
Enter name of NEW Registered Agent and/or NEW Registered Office address:

200 S. BISCAYNE BOULEVARD
NEW Registered Office Address:

SUITE 4100 (M7S)

MIAMI, FL 33131

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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.

/s/Matthew Sackel
Signature of a member or authorized representative of a member

Matthew Sackel
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.

/s/ Matthew Sackel
Signature of Registered Agent

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