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(shown below) on the top and bottom of all pages of the document.



H230001713633ABC-

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone 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.\*\*

Email:	Address:			
CINOTT	MUUI ESS.			

## LLC REGISTERED AGENT CHANGE MUSHROOM DESIGN, LLC

Certificate of Status	0
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Help T. LEMIEUX MAY 09 2023

## **COVER LETTER**

	istration Section ision of Corporations		
SUBJECT:	MUSHROOM DESIGN, LLC		
		Name of Limited I	Liability Company
Dear Sir or !	Madam:		
The enclosed	d Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please return	n all correspondence concerning	g this matter to the	following:
Mary Castillo	)		
·	Name of Person		
Registered A	gent Solutions, Inc.		
	Firm/Company		<u> </u>
Corporate Ce	nter One, 5301 Southwest Pkwy.	Ste 400	
	Address		
Austin, TX 7	8735		
	City/State and Zip Cod	e	<del></del>
E-mail	address: (to be used for future	annual report notif	lication)
For further in	nformation concerning this mat	ter, please call:	
Mary Castillo	,	888 at (	705-7274
<del></del>	Name of Person		Area Code & Daytime Telephone Number
Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	osed is a check for the follow	ing amount:	
□ \$2	25 Filing Fee	<b>u</b> s	55 Filing Fee & Certified Copy
INHS18 (2/14	)		

## 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,

2. (a)	3236 SW 30TH AVE.	236 SW 30TH AVE. (b) 3236 S						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					•
	ATTN: JONATHAN GILINSKI		ATTN: JC	NATHAN G		21.11	ER PVII	,
	DANIA BEACH, FL 33312		DANIA B	EACH, FL 33	3312			
	2/20/2020		L200000576	059				
3.	Date of filing/registration in Florida	4.		Document r	number			-
5. (a)	MELISSA GROISMAN LAW, P.A.							
,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 20900 NE 30TH AVENUE							
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS	<u>S)</u>	-				
	AVENTURA	FL_33180		•				
(b)	Registered Agent Solutions, Inc.							
	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	dress:	-				
	2894 Remington Green Ln.				5	<b>,</b>	2023	
	NEW Registered Office Address:			_			ودت	
	Ste. A			_			<b>رُ-</b> ر	
	Tallahassee	FL				÷	C PH	D
hange gent w /as/we	mited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member eles of organization or the operating agreement of the second control of the	laws of the the registered lliability co	ed office and impany, it is sited liability	the busines hereby cont company o	s office of	of the rate the	egister change	ed (s)
ic us till	Jonathan Gilinski		iaonity cons ithan Gilinsk		Manag	01		

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.

Printed or typed name of signee

Mackenzie Hibler, Asst, Secretary
Signature of Registered Agent

Signature of a member or authorized representative of a member