L20000 246159

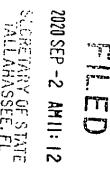
| (Requestor's Name) | | | |
|--|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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| Certified Copies Certificates of Status Special Instructions to Filing Officer: | | | |

Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | • | | |
|---|--|--|--|
| SUBJECT: OFAX Medien | Development LL | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Office Change | e and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to | o the following: | | |
| Carmen de Jos | igh. | | |
| Firm/Company | | | |
| Firm/Company | | | |
| 55 Mercick Way | Suite# 202A. | | |
| Coral Grables, FL City/State and Zip Code | 33134 | | |
| E-mail address: (to be used for future annual report | rrealty.com. | | |
| For further information concerning this matter, please cal | 1: | | |
| Carmen de Jongh at (3) | 05, 333 - 7899 Area Code & Daytime Telephone Number | | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. F1. 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303 | | |
| Enclosed is a check for the following amount: | | | |
| \$25 Filing Fee | ☐ \$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.

| 1. Na | ome of the limited liability company: \bigcirc | EDLEY | Development Li |
|------------------------------|---|---|--|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Ulick Way #202 Mailing address of limi (Note: MAY BE PO | |
| 3. | Date of filing/registration in Florida MFF Solutions LLC | 20000 Document number | 246159 |
| 5. (a) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State L Z | ate: | 2020 SEP - |
| (b) | Miami FL 33127 Carmen de Jongh. Enter name of NEW Registered Agent and/or NEW Registered Office address: | | -2 MIII: 13 |
| | 55 Merrick Way # 202A NEW Registered Office Address: | | |
| | Coral Gables .FL 33134 | _ | |
| change agent was/we the arti | by accept the appointment as registered agent and agree to act in this capons of all statutes relative to the proper and complete performance of my against of my position as registered agent as provided for in Chapter 60 by reflect a chapter in the registered of the address. I have be confirmable | nd the business officis hereby confirmed ty company or as of mpany. A Printed or typed name pacity. I further as r | that the change(s) herwise provided in a of signer ee to comple with the |
| nonytec | r of Registered Apent | | |

Electronic Articles of Organization For Florida Limited Liability Company

L200002 FILED 8: August ' Sec. Of ! jharris

Article I

The name of the Limited Liability Company is: COLFAX MEDLEY DEVELOPMENT LLC

Article II

The street address of the principal office of the Limited Liability Company is:

55 MERRICK WAY SUITE 202A CORAL GABLES, FL. US 33134

The mailing address of the Limited Liability Company is:

55 MERRICK WAY SUITE 202A CORAL GABLES, FL. US 33134

Article III

The name and Florida street address of the registered agent is:

MFF SOLUTIONS LLC 142 NW 37TH ST MIAMI, FL. 33127

Cambiar a Contrax International

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MARIA FERSACA