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COVER LETTER

	Registration Section Division of Corporations								
SUBJEC	Major League Soles								
	Name of Limited Liability Company								
Dear Sir	or Madam:								
The encl	osed Registered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.						
Please re	turn all correspondence concerning t	this matter to the	following:						
Vicky Ne	Ison								
	Name of Person								
Major Lea	ague Soles								
	Firm/Company		_						
1330 Nw	204 St								
	Address								
Miami, Fl	L 33169								
	City/State and Zip Code								
service@i	mlsoles.com								
E-n	nail address: (to be used for future ar	inual report notif	ication)						
For furth	er information concerning this matte	r, please call:							
Vicky Nel	lson	786 at (803.1671						
	Name of Person		Area Code & Daytime Telephone Number						
F D P	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
E	inclosed is a check for the followin	g amount:	•						
ŧ	\$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy						

INH\$18 (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.

(a)	66 W Flagler St		(b	66 W Flag	gler St			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			,	Mailing address of funited liability company: (Note: MAY BE POST OFFICE BOX)			
	Miami, FL 33130			Miami, FI	33130			
	Suite 900 #2877			Suite 900	#2877			
	10/19/2020			L20000329	768			
(a)	Date of filing/registration in Florida Vicky Nelson	4 .			Document	number		
(-7	Registered Agent and Registered Office shown on the records o 1330 Nw 204 St	f the Flo	rida	Dept. of Stat	- te: -			
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	<u>ESS</u>	<u> </u>		;	~3	
	Miami, F	 33169 L)			<u>.</u> :	2021 HAY	
b)	Vicky Nelson				_		28	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office	ado	lress:	_	<u>-</u>	PH 5	1 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	66 W Flagler St					, EL ORIDA	5: 09	
	NEW Registered Office Address:				_	مترز	Ψ,	
	Suite 900 #2877			···	_			
	Miami Fl	_33130	ı 		_			
ige it w we	mited liability company is not organized under the la or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members of the organization or the operating agreement of the	regist ability of the l	cre cor imi	l office and npany, it is ted liability	d the busine s hereby cor y company (ss office of	of the r	egistered
mate		<u>v</u>	ick	Nelson	<u>_</u>			
reb isic obli ere	we of a member or authorized representative of a member by accept the appointment as registered agent and aging so fall statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. It is my itney of this change.	ee to a perfor d for in hereby	nci i ma. 1 Ci coi	n this capa nce of my a napter 605 nfirm that i	Printed or tyl acity. I furth huties, and I F.S. Or, ij the limited I			ply with the hand according file has being file has been