

9					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer;					

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2024 JAN 25 PH 4: 04

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:_	01/25/2024						
Name:	Patrice Rush	_					
Refere	nce #: 2238905	_					
		H2, LLC					
	Articles of Incorporation/Authorization	to Transact Business					
	Amendment						
\checkmark	Change of Agent						
	Reinstatement						
	Conversion						
	Merger						
	Dissolution/Withdrawal						
	Fictitious Name						
	Other	···-					
Authorized Amount: \$25.00 Signature:							

+44 (0)20.3961.3080

COVER LETTER

то:	Registration Section Division of Corporations								
SUBJ	ECT:		М	G H2, L	.LC				
	Name of Limited Liability Company								
Dear S	Sir or Madam:								
The ea	nclosed Registered Agent/Registered O	Hic	e Char	nge and	fee(s) a	are submitted for filing.			
Please	return all correspondence concerning	this	matte	r to the	followi	ng:			
	Jessica Black								
	Name of Person		·	•	_				
	Medrina, LLC								
	Firm/Company								
	7633 E 63rd PI Ste 355								
	Address								
	Tulsa, OK 74133								
	City/State and Zip Code								
	jess.black@medrina.com								
	E-mail address: (to be used for future a	nnua	il repo	rt notifi	cation))			
For fu	rther information concerning this matte	er, pl	lease (call:					
	Jessica Black		_at (615)	390-6988			
	Name of Person				Area	Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314						
	Enclosed is a check for the following	ng ar	moun	t:					
	☐ \$25 Filing Fee			□ \$5	5 Filin	g Fee & Certified Copy			
INHST	8 (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	me of the limited liability company:		MG H	12, LLC
2. (a)	7205 CORPORATE CENTER DR. 404	(b)	90	1 PONCE DE LEON BLVD. 700
٠. (د	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*,		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Miami, Florida 33126	_		Coral Gables, Florida 33134
			<u></u>		
		11/23/2020	_		L20000370144
3.		Date of filing/registration in Florida	4.	;	Document number
5.	(a)	MCCOMBIÉ, DAVID W. III			
5. (a)	(4)	Registered Agent and Registered Office shown on the records of the	he Florida I	Dept. of State:	
		901 PONCE DE LEON BLVD. Suite 7	700		
		Registered Office Address (MUST BE FLORIDA STREET A			
					20 7
		Coral Gables . FL	33	134	2024 JAN
	b)	Cogency Global Inc.			JAN 25 P
'	, U,	Enter name of NEW Registered Agent and/or NEW Registered	ress:	RY OF L	
		115 North Calhoun Street, Suite 4			PH 4:3
		NEW Registered Office Address:	•		iii
		ingisiere vince redects.	- <u></u> -		
		Tallahassee Fl.	32	301	
the age was the Si I he pro the to n	cha nt w arti- ignat erel visio obli- nere	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law accept the appointment as registered agent and agreed on of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. In the writing of this change. [Is] Sean Chase	the regist bility cor f the limit limited lia	ered office npany, it is ted liability ability com- in this capa nce of my d	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Jessica Black Printed or typed name of signee city. I further agree to comply with the buties, and I am familiar with and accept

Signature of Registered Agent