121000022593

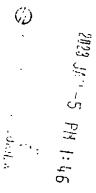
(Requestor's Name)
(Address)
1,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Enlity Name)
(Document Number)
Gertificates of Status
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Office Use Only



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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

01/05/23

NAME: KING STREET MHP LLC

TYPE OF FILING: Change of RA

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		?	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	28 W FLAGLER SUITE 900		28 W FLA	GLER SUITE 900	
	MIAMI, FL 33130		MIAMI, FI	L 33130	
	01/22/2021		L21000022593		
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	RODRIGUEZ, HANSEL				
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida	a Dept. of State	- !:	
	1435 W KING ST				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			~ ;	
	COCOA	32922		2023 JAN	
	COCOA	rL		· 1	
(b)					
, ,	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	ldress:		
	RIVERSIDE FILINGS LLC				
		<u> </u>			
	NEW Registered Office Address: 155 OFFICE PLAZA DRIVE, 1ST FLOOR				
	133 OFFICE PLAZA DRIVE. 181 FLOOR				
	TALLAHASSEE	FL_32301			
change agent w was/we	mited liability company is not organized under the or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the memberseles of organization or the operating agreement of the	he registere liability co s of the lim	ed office and impany, it is nited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
	ELLIOTT TEITELBAUM	ELL	IOTT TEITE	LBAUM	
Signat	Signature of a member or authorized representative of a member		Printed or typed name of signee		
I hereb provision the obli	y accept the appointment as registered agent and a ons of all statutes relative to the proper and comple gations of my position as registered agent as provid ly reflect a change in the registered office address.	gree to act te performa led for in C	in this capa ince of my d hapter 605,	city. I further agree to comply with the luties, and I am familiar with and accep F.S. Or, if this document is being filed	

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

/S/ELLIOTT TEITELBAUM

Signature of Registered Agent