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Florida Department of State  
Division of Corporations  
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To:  
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Account Name : MARCELL FELIPE, P.A.  
Account Number : I20110000064  
Phone : (305)381-8500  
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LLC REGISTERED AGENT CHANGE  
MELEI LLC

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# 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. Name of the limited liability company: MELEI LLC

<p>2. (a) <u>Principal office address of limited liability company:</u>  <u>(Note: MUST BE STREET ADDRESS)</u>  <u>1001 BRICKELL BAY DRIVE SUITE 2730</u>  <u>MIAMI, FL 33131</u>  <u>03/31/2021</u></p>	<p>(b) <u>Mailing address of limited liability company:</u>  <u>(Note: MAY BE POST OFFICE BOX)</u>  <u>1001 BRICKELL BAY DRIVE SUITE 2730</u>  <u>MIAMI, FL 33131</u>  <u>L21000134840</u></p>
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3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

GARCIA, MICHAEL

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

402 NW 111TH TER

MIAMI SHORES, FL 33168

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

MARCELL FELIPE, P.A.

NEW Registered Office Address:

1001 BRICKELL BAY DRIVE SUITE 2730

MIAMI, FL 33131

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Reinaldo Medina

Printed or typed name of signer

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.

Signature of Registered Agent

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

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