(Requestor's Name)					
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COVER LETTER

Division of Corporations MDF LLC	
SUBJECT:	ited Liability Company
	пец Барину Сопрану
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
Jhanese Hoosain	
Name of Person	
ZenBusiness Inc.	
Firm/Company	
336 E. College Ave. STE 301	يون آهن مورد هن
Address	
Tallahassee FL 32301	
City/State and Zip Code	
fulfillment@zenFLbusiness.com	12 - 1
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	11:
Jhanese Hoosain 84-	493-6249
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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)

2822 HAY 10 AM 10:55

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	ame of the limited liability company: MDF LLC			
2. (a)	3445 MONACO LANE	(b)_3	445 MONACO LANE	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(//		limited liability company: POST OFFICE BOX)
	DAVENPORT, FL 33897		AVENPORT, FL 33897	
	04/12/2021	1.21	1000169846	
3.5. (a)	Date of filing/registration in Florida LARSON ACCOUNTING GROUP	4.	Document num	ber
J. (u)	Registered Agent and Registered Office shown on the records of 7901 KINGSPOINTE PARKWAY	the Florida Dep	ot, of State:	
	Registered Office Address (MUST BE FLORIDA STREET) 17	ADDRESS)		
	ORLANDO , FI	32819		
(b)	ZenBusiness Inc.			2822 HAY
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addres	<u>s</u> :	
	336 E. College Ave.			
	NEW Registered Office Address: Suite 301			55 D
	Tallahassee, FI	32301		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered o ability compa of the limited	ffice and the business of any, it is hereby confirm I liability company or as	ffice of the registered ned that the change(s)
	/s/ Marco Fumagalli Fumagalli	Marco F	umagalli Fumagalli	
_	ture of a member or authorized representative of a member		Printed or typed no	_
provisi the obl to mere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If it is change,	ree to act in t performance d for in Chap hereby confir	his capacity. I further a c of my duties, and I am ster 605, F.S. Or, if this m that the limited liabil	igree to comply with the familiar with and accept document is being filed lity company has been
Signatu	re of Registered Agent			