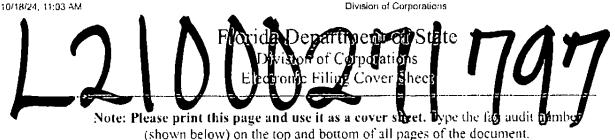
Division of Corporations



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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (614)573-3996 Fax Number

₩Enter the email address for this business entity to be used for future.... யாக்கள் annual report mailings. Enter only one email address please.**

mail	Address:			

LLC REGISTERED AGENT CHANGE MPC SANFORD, LLC

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M. SOLOMON

OCT 1.8 2024

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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.

I. N	ame of the limited liability company: MPC SANFORD	D, LLC						
2. (a)	189 S ORANGE AVE	ĺ	(b) 189 S ORANGE AVE					
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·	dailing address of limit (Note: MAY BE PO)	•			
	ORLANDO, FL 32801	_	ORLANDO	O, FL 32801				
	06/10/2021		L210002717	97				
3.	Date of filing/registration in Florida	4.		Document number	-			
5. (a	CORPORATE CREATIONS NETWORK INC.							
	Registered Agent and Registered Office shown on the records of 801 US HWY I N	: :						
	Registered Office Address (MUNT BE FLORIDA STREET		(0) 4[14] 7[7]	2024 (
	PALM BEACH, FL, FI	33408			: :	2024 OCT 18	5 g	
	C T Corporation System				<		1	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office as	ldress:			PM 2: 55		
	NEW Registered Office Address:							
	1200 South Pine Island Road							
	Plantation, FI	33324						
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited he ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regi iability c of the lir limited	stered office ompany, it is nited liability liability con	and the business of thereby confirmed to company or as oth	ffice of t that the	he regi change	stered (s)	
Signa	nture of a member or authorized representative of a member		Printed or typed name of signee					
I here provis the oh to men notifie	thy accept the appointment as registered agent and agens of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is moriting of this change. CT Corporation System The of Registered Agent SEANL EMERICK, ASSISTANT SECRETARY	ree to ac perform ed for in hereby c	t in this cape ance of my c Chapter 605 confirm that i	acin: I further aera	ee lo con	iply wil in and i is being v has b	th the accept filed ien	

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