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Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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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.

l. Na	ime of the limited liability company: MFP \	Wareham L	LC
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/24/2021		1000294251
3.	Date of filing/registration in Florida	4.	Document number
).	MILLER, ROGER		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 700 LAKEVIEW DRIVE Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		t. of State:
	MIAMI BEACH	_, _{FL} 33140	2021 JUN 25
(b)	Registered Agents Inc.		ED 573
, ,	Enter name of NEW Registered Agent and/or NEW Reg	istered Office address	AA C
	7901 4th St N		AM 10: 32
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	FL_33702	
the cha agent to was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under lange or changes are made, the Florida street addr will be identical. Or, in the case of a Florida limbere authorized by an affirmative vote of the memicles of organization or the operating agreement	tess of the registere ited liability compa bers of the limited of the limited liabi	any, it is hereby confirmed that the change(s) Hiability company or as otherwise provided in lity company.
Signa	Ritury Tark nture of a member or authorized representative of a member	- incy i	Printed or typed name of signee
I here provis the ob to mei	by accept the appointment as registered agent a ions of all statutes relative to the proper and con ligations of my position as registered agent as pi ely reflect a change in the registered office addr ed in spriting of this change.	nd agree to act in t	

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

Assistant Secretary

Bill Havre

Signature of Registered Agent