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	To:		-		
		Division of Corporations			
		Fax Number : (850)617-6383			
	From:				
		Account Name : REGISTERED AGENTS INC.			
		Account Number : I20090000081			
		Phone : (307)200-2803			
26		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.

. N	ame of the limited liability company: MFP C	nurch inve	estments LLC
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)
	06/25/21	 L21	1000295255
i.	Date of filing/registration in Florida	4.	Document number
	MILER ROCER		
i. (a)	Registered Agent and Registered Office shown on the record	ds of the Florida Dent	of State:
	700 LAKEVIEW DRIVE		
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS)	
	Kegistion sitte is a second site of the second site		si:
	MIAMI BEACH	. FL 33140	
(b)	Registered Agents Inc.		FILED IL -1 PH
· · · · /	Enter name of NEW Registered Agent and/or NEW Regis	tered Office address:	P PER
	7901 4th St N		FILED FILED FILED FILED FILED
	NEW Registered Office Address:		्रिः ज
	STE 300		— Lebanis are
	St. Petersburg	, FL_33702	
he ch agent was/w he art	limited liability company is not organized under the ange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membicles of organization or the operating agreement or	ss of the registered ed liability compa- pers of the limited	d office and the business office of the registere my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Sign	ature of a member or authorized representative of a member	- Tricy 1	Printed or typed name of signee
I here provis he ob o men wiffe	by accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change.	d agree to act in the blete performance ovided for in Chapess, I hereby confirmations that the stant Secretary	of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed in that the limited liability company has been

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