Division of Corporations

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Opert ma Operation Address: 6

the email address for this business entity to be used for future တ်ထို့၏nual report mailings. Enter only one email address please.**

> LLC REGISTERED AGENT CHANGE MPC FUND PROPERTY MANAGEMENT, LLC

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M. SOLOMON

1 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.

1. Na	ame of the limited liability company: MPC FUND PROF	PERTY	MAN	NAGEM ————————————————————————————————————	ENT, LLC
2. (a)	189 SOUTH ORANGE AVENUE, SUITE 1170	(1	(b) 189 SOUT		TH ORANGE AVENUE, SUITE 1170
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		7	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ORLANDO, FL 32801	_	OF	RLAND	O. FL 32801
	07/09/2021	-	1.21	0003164	114
3.5. (a)	Date of filing/registration in Florida MCCRANEY, STEVEN E	4.			Document number
(14)	Registered Agent and Registered Office shown on the records of the 189 SOUTH ORANGE AVENUE, SUITE 1170	e Florid	a Dep	t, of State	- ::
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRES.	<u>5</u> 2		2024 E 5 B
	ORLANDO .FL	32801			19 19 19
(b)	Corporate Creations Network Inc.				72
(O)	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	ldres	<u>i:</u>	
	801 US Highway 1				÷ω
	NEW Registered Office Address:				•
	North Palm Beach FL	33408			
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egistero ility co the lin	ed of impa nited	ffice and my, it is liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	Ashlay Parkins ture of a member of authorized representative of a member	Ash	ley P	erkins,	Attorney-in-Fact
Signa	ture of a member of authorized representative of a member				Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete paigntions of my position as registered agent as provided jely reflect a change in the registered office address. I he din writing of this change.	e 19 act erform för in C reby co	in th ance Chap onfir	iis capa of my a ter 605 m that t	city. I further agree to comply with the luties, and I am Jamiliar with and accept F.S. Or, if this document is being filed he limited liability company has been

Ashley Perkins, Special Secretary

Signature of Registered Agent