Fax: 8134365206

## Florida Department of Stat

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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 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE MIRATA INVESTMENT, LLC

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JAN 25 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. N	lame of the limited liability company: MIRATA INVEST	MENT, 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)
	07/26/21		4843
3.	Date of filing/registration in Florida	- <sub></sub>	Document number
	VIM SONG		
5. (a	Registered Agent and Registered Office shown on the records of		
	820 Josiah Street		
	Registered Office Address (MUST BE FLORIDA STREET.	<del></del>	
(b)	St Augustine . FL	20	
	Registered Agents Inc		2024 JAN 24
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	7901 4th St N		PPI STATE
	NEW Registered Office Address:	<u> </u>	
	STE 300		_ 6
	St. Petersburg	33702	
the chagent was/v	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered off ability company, i of the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provi. the ob to me notific	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I add in writing of this change.  David X Apots - Assistant S	performance of med for in Chapter 6 hereby confirm the	ly duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed
_ ] _	) and X doests - Assistant S	eci ciai y	

Signature of Registered Agent