L21000

(Requestor's Name)						
(Address)						
(Address)						
·						
(City/State/Zip/Phone #)						
(Otty/State/Zip/Fillotte #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						
J DENNIS						
AUG - 7 2023						
AUG - 7 2023						

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	MDB.MD,LLC ECT:						
]	Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning	g this matter to the	following:				
Manish	ı Dhar Bajracharya						
	Name of Person	_	-				
MDB.	MD.LLC						
	Firm/Company						
10611	Aventura Dr.						
	Address	<u> </u>					
Jacksoi	nville, FL						
	City/State and Zip Cod	le					
32256							
	-mail address: (to be used for future	annual report notif	ication)				
For fur	ther information concerning this mat	ter, please call:					
Manish	Bajracharya	518 at (466-4293				
	Name of Person	ut (Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the follow	ing amount:					
•	\$25 Filing Fee	□ s	55 Filing Fee & Certified Copy				
INHSI	8 (2/14)						

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	nme of the limited liability company: MDB,MD,LLC			
2.	(a)	10611 Aventura Dr., Jacksonville, FL 32256	(b) _	10611 Aventura Dr., Jacksonville, FL 32256	
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3.		Date of filing/registration in Florida Smith Hulsey & Busey		L21000365384 Document number	
5.	(a)	Registered Agent and Registered Office shown on the records of			
	(b)	Registered Office Address (MUST BE FLORIDA STREET 10611 Aventura Dr. Jacksonville, FL Manish Dhar Bajracharya	32556	! 	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office addre	SECRETARY 2029 JUN 14	
		NEW Registered Office Address:		TARY THE	
		10611 Aventura Dr.			
		Jacksonville, FI	32256	PH 4: 03	
eh ag wa th	ange ent v as/we e arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lie are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited lie.	registered of ability comp of the limite dimited liab	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided	l)
] pr th to	here. ovisi e obl mere	by accept the appointment as registered agent and agr ions 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 a writing of this change.	ree to act in	in this capacity. I further agree to comply with	the cept ìled n

Division of Co

Signature of Registered Agent