121000394429

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MGL REAL ESTAT	TE CONSULTING, LLC nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	
Mercedes Gadea Lopez Name of Person	
Firm/Company	<u></u>
255 Evernia Street, Apt.	724
West Palm Beach, FL, 3 City/State and Zip Code	33401
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please ca	all:
Mercedes Gadea Woler at (718 490 -6062 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 following amount	<i>:</i>
₫ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (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.

2. (a)	7901 4th Street North STE 300 (b)	7901 4th Street North STE 30
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ST. Petersburg, FL, 33702	St. Peters burg, FZ, 33702
	9/3/2021	L21000394429
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Registered Agents Inc Registered Agent and Registered Office shown on the records of the Florida Dept	
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) ST. Peters burg Florida FL 337 Mercedes Gadea Lupez Enter name of NEW Registered Agent and/or NEW Registered Office address 255 Evernia Street, Apt. 724 NEW Registered Office Address:	MAY 31 AN 8: 25
	West Palm Beach FL 334	01
change agent was/wo the arti	mited liability company is not organized under the laws of the State or changes are made, the Florida street address of the registered of ill be identical. Or, in the case of a Florida limited liability compare authorized by an affirmative vote of the members of the limited cles of organization or the operating agreement of the limited liabil	fice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
~	ure of a member or authorized representative of a member	
I herel provisi the obli to mere notified	by accept the appointment as registered agent and agree to act in the ons of all statutes relative to the proper and complete performance gations of my position as registered agent as provided for in Chap by reflect a change in the redistared office address. I hereby confinition writing of this change.	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed m that the limited liability company has been
	1 / 4/ ///10)	

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

INHS18 (2/14)