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Division of Corporations

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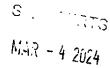
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LLC REGISTERED AGENT CHANGE MPC BENT OAK PHASE 4, LLC

Certificate of Status	0
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Page Count	02
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Help



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	me of the limited liability company: MPC BENT OAK	PHA	SE 4	I, LLC						
2.	(a)	189 S. ORANGE AVENUE			189 S. OR	RANGE AVEN	UE				
2. (11)	, ω,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)						
		SUITE 1170			SUITE 117	70					
		ORLANDO, FL 32801	_		ORLANDO), FL 32801					
		11/01/2021			L210004707	772					
3.		Date of filing/registration in Florida	4.	-		Document nui	mber		·····		
5	(a)	MCCRANEY, STEVEN E									
- '-	5. (a)	Registered Agent and Registered Office shown on the records of t 189 S. ORANGE AVENUE	he Flor	rida l	Dept, of State	: :	<i>U</i>	207			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 1170					TALLAHASSEE.F	2024 MAR –	411			
		ORLANDO .FL	32801			•	3. 2. 2.	PM	[] [] []		
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporate Creations Network Inc.	Office	add	ress:		75	2:14			
		NEW Registered Office Address:									
		801 US Highway 1									
		North Palm Beach FL	33408	.							
cha age was the	nge nt w s/we arti	mited 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 lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the least page.	s of the second	he S erec con imi d lia	I office and npany, it is ted liability ability com Perez, Attor	I the business of hereby confirmation or a pany.	office of the med that the same of the med that the same of the sa	ne regist ne chang se provi	ered ge(s)		
I h pro the to n	erel visio obli nere ified	oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pations of my position as registered agent as provided diverglect a change in the registered office address. I have time of this change. John Perez, Special Secretary	ve to a perfor l for it ereby	ict i mai n Ci coi	n this cana	city I further	· norve to c	aninh v	vith the d accept ng filed been		
Sig	natui	e of Registered Agent									