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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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LLC REGISTERED AGENT CHANGE MK BUSINESS VENTURES LLC

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1/1

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.

. Name of the l	imited liability company: M	k Business \	√enture	es LLC			
. (a)		(b					
	ripal office address of limited liability (Note: MUST BE STREET ADDR	• •	,	Aailing address of lit (Note: MAY BE F			
7901 4	th St N STE 300		7901 4t	th St N STE			,
St. Pet	ersburg FL 33702	 	St. Peter	sburg FL 3370	02	-	
02/02/2	022		L2200	0055602			
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(a) LEGAL	INC CORPORATE SE	ERVICES INC.					
	gent and Registered Office shown on	the records of the Florida	Dept. of State	:			
Registered (Office Address (MUST BE FLORI	IDA STREET ADDRESS	ž				
476 RIV	ERSIDE AVE.						
JACKS	ONVILLE	_{. FL} 32202)			20	
Enter name (tered Agents Inc of NEW Registered Agent and/or NE 4th St N tered Office Address:	EW Registered Office add	lress:		:	2023 HAY - 3 PH 5:	71115
STE 30						55	
St. Pe	etersburg	, FL 33702)				
ne change or chargent will be iden was/were authorized articles of organized articles of a member of a member of a member obligations of a merely reflect of merely reflect of the member of the membe	lity company is not organized inges are made, the Florida streetical. Or, in the case of a Floried by an affirmative vote of the inization or the operating agreed a street appointment as registered a statutes relative to the proper a my position as registered agent change in the registered office of this change.	et address of the regis da limited liability co e members of the lim ement of the limited l Rol nember gent and agree to act and complete performa	tered office mpany, it is ited liability is ited liability combin Jone in this capa wice of my a	and the business hereby confirmed company or as openly. S Printed or typed nancity. I further a laties, and I am i	s office of ed that the otherwise me of signe gree to co familiar w	the reg e change provide e omply weith and	gistere e(s) ed in

Signature of Registered Agent