## Elorida Department of

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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



*Enter the cannual	email address for this business entity to be used for future report mailings. Enter only one email address please.**
Email A	ddress:
1 100	LLC REGISTERED AGENT CHANGE

## MH LUXURY PROPERTIES LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $_{\P}$

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company:  MH LUXURY F	PROPERTIES	ES LLC
2. (a)		(b)	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)
	03/01/22		L.22000105328
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LEGALCORP SOLUTIONS, LLC		
, (4,	Registered Agent and Registered Office shown on the records		
	3440 W HOLLYWOOD BLVD, SUITE 415	<b>20</b>	
	Registered Office Address	T ADDRESS)	4FEB
	HOLLYWOOD I		9
(0)	Registered Agents Inc	SSEE. FL	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addr	Idress:
	7901 4th St N		
	NEW Registered Office Address	<del></del>	
	STE 300		
	St. Petersburg	33702 1	
he cha igent v vas/we he arti	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the content of the conten	laws of the S of the registe liability con s of the limit ne limited lia	stered office and the business office of the register ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi he obl o mere to <u>ti</u> fice	by accept the appointment as registered agent and a ons of all statutes relative to the proper and completigations of my position as registered agent as provided in the registered office address, if in writing of this change.	te performar led for in Cl I hereby con	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file onfirm that the limited liability company has been
	David Roberts - Assistant	Secretary	