## L22000290339

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Efficy Name)	
(Document Number)	
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	
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2023 OCT 26 PM I2: 53

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2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 Please use funds from this account: -120210000160 \$25.00 Authorization Signature: Quesa Leto Midway Reh LLC L22000290339 Doc. # **Business Name Certified Copy** Certificate of Status **NEW FILINGS AMENDMENTS** Amendment Profit Corp Resignation of R.A. or Not for Profit Office or Director \_\_Limited Liability \_X\_\_ Change of Registered Agent Revocation of Dissolution Domestication \_\_Merger Other Conversion **CORP** Amended and restated Articles LLLP **Statement of Authority OTHER FILINGS** REGISTERATION/QUALIFICATIONS Foreign filing Annual Report Limited Partnership Reinstatement Fictitious Name Other APOSTILLE Country

FLÒRIDA CAPITAL COURIER SERVICES, INC

XAMINIER'S INITIALS: \_\_\_\_

## **COVER LETTER**

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations							
cara i	IF.CT.	Midway R	leh LLC					
Name of Limited Liability Company								
Dear	Sir or Madam:							
The e	nclosed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.					
Please	e return all correspondence concernin	g this matter to the	e following:					
	Kate Espiritu							
	Name of Person		<del></del>					
	Firm/Company							
	722 Dulaney Valley Rd #	199						
	Address							
	Towson, MD 21204							
	City/State and Zip Co	de						
	E-mail address: (to be used for future	annual report not	ification)					
For fu	urther information concerning this ma	itter, please call:						
	Name of Person	at (	)					
	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	ving amount:						
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy					

## 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.

. (a)	722 Dulaney Valley Rd #199  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b) 722 Dulaney Valley Rd #199					
. (, ,			( )	Mailing address of limited fiability company:  (Note: MAY BE POST OFFICE BOX)				
	Towson, MD 21204	<u>.</u>		Towson, M	D 21204	<del></del> ,		<del></del>
	06/27/2022	<del></del> .			L220	00029033	9	
	Date of filing/registration in Flori	da 4	_		Document i	number		· · · · · · · · · · · · · · · · · · ·
	Midfield Management LLC	-						
. (a)	Registered Agent and Registered Office shown on t	he records of the F	lorida 1	Dept. of State:				
	2401 S 25th St #1C			•			~3	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					ĂLLAĤASSEE, FLORIDA	2023 OCT	1:
	Fort Pierce	FL_349	81			SSEE	26	
(b)	Midfield Management LLC					FLOR	PM 12: 5	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Offi	ce addı	ess:		IDA IDA	ည်	
	2401 S 25th St #Office							
	NEW Registered Office Address:							
	Fort Pierce	FL 349	181					
		, FL						
hange gent w ras/we ne arti	imited liability company is not organized use or changes are made, the Florida street additional to identical. Or, in the case of a Floridare authorized by an affirmative vote of the cles of organization or the operating agrees.	dress of the reginal timited liabilities in the members of the ment of the limited.	stered y con e limit	office and pany, it is lead to be a second to be a	the busine hereby con company o	ss office of firmed the or as othe	of the r at the c rwise p	egistered change(s)
Signat	Signature of a member or authorized representative of a member				Printed or typed name of signee			
l herel provision he obli o mere	by accept the appointment as registered ag ons of all statutes relative to the proper an igations of my position as registered agent ely reflect a change in the registered office I in writing of this change.	ant and agree to	orman orma orman orman orman orman orman orman orman orman orman orman orma orman orman orman orman orman orman orma orma orma orma orma o	n this capac ice of my di apter 605, ifirm that th	city. I furth uties, and I F.S. Or, ij ne limited l	her agree ' am famil this doct iability co	to con iar wit iment i impany	ply with the h and accep s being filed has been