Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000348892 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

т	^		
ı	u	•	

Division of Corporations

Fax Number : (850)617-6383

## From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Phone

Fax Number

: (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

mail	Address:	 	 	

## LLC REGISTERED AGENT CHANGE MPC PORTER ROAD INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

И.	SOL	OMON
----	-----	------

OCT 18 2024

Electronic Filing Menu Corporate Filing Menu

Help

To:

## 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.	No	ame of the limited liability company: MPC PORTER R	OAD IN	IVE:	STMEN	TS, LLC			
	(a)	190 S ORANGE AVE		b) _	189 S OF	RANGE AVE			
	(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	.0, _		Mailing address of limit (Note: MAY BE POS			
		ORLANDO, FL 32801		_ 	ORLAND	OO, FL 32801			
		07/20/2022		L2	2000319	9430			
3.		Date of filing/registration in Florida	4.			Document number			
5	(a)	CORPORATE CREATIONS NETWORK INC.							
. ن	(41)	Registered Agent and Registered Office shown on the records of t	the Florid	ia De	ept. of Sta	ite:			
		801 US HWY 1 N							
		Registered Office Address <u>(MUST BE FLORIDA STREET A</u>	1DDRES	<u>(3)</u>		_	1/3	2(	
								)24 (	
		PALM BEACH, FL, FL	33408			_	· · · · · ·	2024 OCT 1	Erley Sy
	(b)	C T Corporation System						8 PH	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		_		$\ddot{\Sigma}$			
							m 2.4 193	56	
		NEW Registered Office Address:		,	•	_			
		1200 South Pine Island Road		_	_	_			
		Plantation	33324						
		-	-			<del></del>			
the	e cha	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia	the reg	iste	red offic	ce and the business o	ffice of t	he regi	stered
WE	15/W	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the lir	mite	d liabili	ty company or as oil	ierwise p	rovide	d in
		Side Grave	K.A	ARA	KORO:	SEC. MANAGER			
	Signa	ture of a member or authorized representative of a member				Printed or typed name	ol signee	•	
pr the 10	ovisi e obl merc	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I have been soft this change.	ee to ac perforn d for in iereby c	ct in man Che conf	this cap ce of my apter 60 irm that	pacity. I further agri duties, and I am fan 5, F.S. Or, if this do t the limited liability	ee to com niliar wit cument is company	ply wi h and a s being has b	th the accept filed een
By		CT Corporation System							

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