422000353131

(Requestor's Name)						
(Address)						
(Address)						
(100.000)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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S. CHATHAN



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:C	09/11/2023	
Name:	CHRIS	_
Reference #:_	2117526	
Entity Name:_	MNJGC REDI	IGTON SHORES, LLC
☐ Amend		n to Transact Business
Conver	rsion	
☐ Merger		
☐ Dissolu	ition/Withdrawal	
☐ Fictitiou	us Name	
Other_		
Authorized An	nount: \$25.00	

F: 800.944.6607

COVER LETTER

TO: Registration Section

SUBJECT	r:MNJGC RE	EDINGTON SHORES, LLC					
	Name of Limited Liability Company						
Dear Sir o	r Madam:						
The enclos	sed Registered Agent/Registered Office C	Thange and fee(s) are submitted for filing.					
Please rett	irn all correspondence concerning this ma	atter to the following:					
	Name of Person						
	COGENCY GLOBAL INC.						
	Firm/Company						
	115 North Calhoun Street, Suite 4						
	Address						
	Tallahassee, FL 32301						
	City/State and Zip Code						
- E m	dlittwin@dugganbertsch.com	genort notification)					
For further	r information concerning this matter, plea	ase call:					
	a	t()					
	Name of Person	Area Code & Daytime Telephone Number					
Si	FREET/COURIER ADDRESS:	MAILING ADDRESS:					
	egistration Section	Registration Section					
	ivision of Corporations	Division of Corporations					
	lifton Building	P.O. Box 6327					
	661 Executive Center Circle allahassee, Florida 32301	Tallahassee, Florida 32314					
Ei	nclosed is a check for the following am	ount:					
0	\$25 Filing Fee	S55 Filing Fee & Certified Copy					
INHS18 (2)	(14)						

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.

MNJGC REDINGTON SHORES, LLC

Name of the limited liability company:			MNJGC REDINGTON SHORES, LLC				
2. (a) 17940 GULF BOULEVARD #6F			(b) 17940 GULF BOULEVARD #6F				
(,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mai	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	REDINGTON SHORES, FL 33708	_ -	REC	DINGTON SHORE	S, FL 33708		
	08/10/2022			L2200035313	31		
3.	Date of filing/registration in Florida	4.	Đ	ocument number			
5. (a)	DUGGAN BERTSCH PLLC						
J. (G)	DUGGAN BERTSCH PLLC Registered Agent and Registered Office shown on the records of t		· · · · · · · · · · · · · · · · · · ·				
	875 109TH AVENUE N.			1000 E			
	Registered Office Address (MUST BE FLORIDA STREET A			[3			
	Suite 302				2023 SEP 12		
	NAPLES , FL	34	108				
(b)	NAPLES .FL 34108						
	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	115 North Calhoun Street, Suite 4	‡					
	NEW Registered Office Address:						
	Tallahassee	33	2301				
	Tallahassee FL		.501				
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited life were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regisability con the limi	tered office a mpany, it is b ted liability o	and the business of nereby confirmed to company or as other	fice of the registered hat the change(s)		
	/S/ James M. Duggan		James M. Duggan				
-	ature of a member or authorized representative of a member			Printed or typed name of			
provis the ob to mer	rby accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. If all in writing of this change.	ee to act performa d for in C hereby co	in this capac mee of my du hapter 605, i nfirm that th	ity, I further agre ties, and I am fam F.S. Or, if this doo e limited liability o	e to comply with the iliar with and accep sument is being filed sompany has been		
	/S/ Sean Chase						
Signati	ure of Registered Agent						