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TO: Registration Section

INHS18 (2/14)

Division of Corporations	
SUBJECT: MC Borders	Name of Limited Liability Company
Dear Sir or Madam:	, , ,
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concernit	ng this matter to the following:
Mona N. Casimir Name of Person	
Firm/Company	
11034 S.W. 158 Terro	<u>1CL</u>
Miami , FL 33157 City/State and Zip Co	ode
Monanicolec a q ma E-mail address: (to be used for future	e annual report notification)
For further information concerning this ma	atter, please call:
Mona N. Casimir Name of Person	at (305) 972 - 8207 Area Code & Daytime Telephone Number
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	wing 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.

1.	Na	ame of the limited liability company: MC Borck	ers	LLC		
2. (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of lim	nited liabili	ity company:
		Miami, FL 33157		Miami, FL 33	157	
3.		October 17, 2022 Date of filing/registration in Florida 4	_	L2Z00044650	29 er	
5.	(a)	United States Corporation Agreement and Registered Office shown on the records of the F 5575 S. SEMORAN BLVD.	ents lorida I	Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET ADDI		·		
(b)				•	P
		Enter name of NEW Registered Agent and/or NEW Registered Office 110345.VV. 158 Terracl NEW Registered Office Address:	ce addi	ress:	- - - - - - - -	
		Miami, FL 3	3315	5 <u>7 —</u>		
chai agei was	nge at w /we	limited liability company is not organized under the laws of e or changes are made, the Florida street address of the regi will be identical. Or, in the case of a Florida limited liability ere authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limit	stered ty come limit ted lia	d office and the business offi npany, it is hereby confirmed ted liability company or as o ability company.	ice of the d that the therwise	e registered e change(s) e provided in
 /	K	Jone I asimic	<u> </u>	fona N. Casimie Printed or typed nam		
I he prov the c to m noti	ereb visio obli nere fiea	ature of a member of authorized representative of a member be by accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete perfoligations of my position as registered agent as provided for rely reflect a change in the registered office address, I herely id in writing of this change in the registered office address are the complete of th				
		Division of Corporations • P.O. Box	6327•	• Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (2/14)