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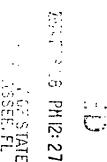
(Requestor's Name)				
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PICK-UP WAIT	MAIL			
(Business Entity Name)				
(=======, =====,				
				
(Document Number)				
Certified Copies Certificates of	Status			
Special Instructions to Filing Officer:				
Special instructions to Filing Officer.				





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COVER LETTER

Division of Corporations			-		
Mile 110 NNN Group LLC SUBJECT:					
	Name of Limited Li	ability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing			
Please return all correspondence concernin	g this matter to the	Ollowing:			
Rafael Martinez					
Name of Person				~4	
Mile 110 NNN Group LLC				:	
Firm/Company				co	
5401 Collins Avenue APT 1431			1338.3 S 40.	PHI	
Address		_	STATE FL	PH 12: 27	
Miami Beach, FL 33140			(• •	_	
City/State and Zip Co	de				
Rmartinez@mile110group.com					
E-mail address: (to be used for future	annual report notifi	cation)			
For further information concerning this ma	tter, please call:				
Rafael Martinez	786 at (623-1966			
Name of Person	at (Area Code & Daytime Tele	phone Nu	mber	
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	g 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. N	ame of the limited liability company: Mile 110 NNN Gro	oup L	LC		_	
2. (a)	5401 Collins Avenue APT 1431 Miami Beach FL, US 3314	0	(b) 5401 Collins Avenue APT 1431 Miami Beach FL. U Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 5401 Collins Avenue APT 1431			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_				
		_	Miami Beach	h FL, US 33140		
	10/18/2022		1.2200044933	2		
3. 5. (a)	Date of filing/registration in Florida Rozencwaig & Nadel, LLP	4.	D	Ocument number		
э. (a)	Registered Agent and Registered Office shown on the records of the	he Flo	rida Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET A 301 W Hallandale Beach BLVD	DDR	ESS)			
	Hallandale Beach Blvd , FL	3300	9	· 7.5		
(b)	Rafael Martinez		_	SSEE, FL		1 ² .
` ,	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	. FL	PM 12: 27	You '
	NEW Registered Office Address:	<u> </u>				
	5401 Collins Avenue APT 1431					
	Miami Beach , FL.	3314	0			
change agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial were authorized by an affirmative vote of the members of cicles of organization or the operating agreement of the l	regis bility f the imite	tered office and company, it is l limited liability	the business offic hereby confirmed company or as of	e of th that th	e registered e change(s)
Signa	ature of a member or authorized representative of a member	_		Printed or typed name	of sign	ec
provis the ob to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	e to perfo for l ereb	act in this capac rmance of my di in Chapter 605, , y confirm that th	city. I further agr uties, and I am fan F.S. Or, if this do se limited liability	ee to coniliar vocumen compo	omply with the with and accept it is being filed any has been
Signati	ure of Registered Agent					