9/14/23, 3:53 PM

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

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

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LLC REGISTERED AGENT CHANGE MMT PROPERTY MANAGEMENT LLC

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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.

| | me of the limited liability company: MMT PROI | | | |
|--|--|---|--|--|
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 411 MIRRORTON AVE., UNIT 323 | | (b) | | |
| | | 4 | 11 MIRRORTON AVE., UNIT 323 | |
| | LAKELAND, FL 33801 | L | LAKELAND, FL 33801 | |
| | 10/27/2022 | L2 | 22000463415 | |
| | Date of filing/registration in Florida | 4. | Document number | |
| (a) | | | | |
| ` , | Registered Agent and Registered Office shown on the records | of the Florida De | ept. of State: | |
| | UNITED STATES CORPORATION AGEN | NTS, INC. | ? ? | |
| | Registered Office Address (MUST BE FLORIDA STREE | TADDRESS) | | |
| | 476 RIVERSIDE AVE. | | = | |
| JACKSONVILLE | | 32202 | | |
| | | l· l | | |
| (b) | | | | |
| (0) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | ed Office addre | <u>ກ</u> : | |
| | Nathaniel Thrift | | | |
| | NEW Registered Office Address: | | | |
| | 441 Mirrorton Ave., Apt. 323 | | - | |
| | Lakeland | _{FL} 33801 | | |
| ie cha gent v as/wo | imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the wathaniel Thrist | laws of the Str of the register liability comp s of the limited he limited liab | red office and the business office of the regist pany, it is hereby confirmed that the change(s d liability company or as otherwise provided | |
| Siena | ture of a member or authorized representative of a member | | Printed or typed name of signee | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Nathanisl Thrift Nathaniel Thrift
Signature of Registered Agent