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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107 : (561)214-8442 Fax Number

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## LLC REGISTERED AGENT CHANGE MDLC-HEIGHTS CI, 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.

1. N	ame of the limited liability company: MDLC-HEIG	HTS C	CI, LLC			
2. (a)	270 CLEARWATER LARGO RD N, SUITE ( Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<u> </u>	·	EARWATER LARGE Mailing address of limited ling (Note: MAY BE POST O	ability com	pany:
	LARGO, FL 33770	_	LARGO	), FL 33770		<del></del>
	11/04/2022	_	L220004	74702		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	CORPORATION SERVICE COMPANY					
J. (a	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept. of State	:		
	1201 HAYS ST					
	Registered Office Address MUST BE FLORIDA STREET A	DDRES	5)			
	TALLAHASSEE,FL	3230	)1			
(b)						
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	idress			
	801 US Highway 1					
	NEW Registered Office Address			<b>.</b>	2023	
	_ `				3 FFA	
		<del></del> .			70	
	North Palm Beach	3340	18	•	ڼ	<u> </u>
	, FL_				}~   X	C_
chang 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 ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	register bility co f the lin	ed office and ompany, it is nited liability	the business office of hereby confirmed that company or as otherw	the regist	tered ge(s)
	aitlin Lazarus	_	• •	us, Attomey-in-Fac	t	
	ature of a member or authorized representative of a member			Printed or typed name of sig		
provis the ob to mei notifie	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 ely reflect a change in the registered office address, I had in writing of this change. hitlin Lazarus Caitlin Lazarus, Special S	perform for in ( ereby c	ance of my d Chapter 605, onfirm that ti	city. I further agree to uties, and I am familia. F.S. Or, if this docum he limited liability com	comply v r with and ent is bei pany has	with the d accept ing filed been
S/ U	itlin Lazarus Caitlin Lazarus, Special t	000101	aı y			

Signature of Registered Agent