L23000051996

(F	Requestor's Name)	
	Address)	
V	(dai ¢ 33)	
(<i>F</i>	Address)	
	City/State/Zip/Phone #)	
(0	sity/otate/2ip/r-none #/	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(0	Document Number)	
Certified Copies	Certificates of	Status
Secript Instructions to 5	line Officer:	
Special Instructions to Fi	ling Officer.	
L		

Office Use Only



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2023 OCT 26 PH 12: 37

RECEIVED

TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 Please use funds from this account: -120210000160 \$25.00 Authorization Signature: Justil Midfield Realty LLC L23000057996 Doc. # **Business Name** Certified Copy Certificate of Status <u>AMENDMENTS</u> **NEW FILINGS** Amendment Profit Corp Resignation of R.A. or Not for Profit Office or Director ___Limited Liability _X__ Change of Registered Agent ____Revocation of Dissolution Domestication __Merger Other **CORP** Conversion Amended and restated Articles LLLP Statement of Authority **OTHER FILINGS** REGISTERATION/QUALIFICATIONS __ Foreign filing Annual Report ___Limited Partnership Reinstatement Fictitious Name Other APOSTILLE Country

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

XAMINIER'S INITIALS:____

COVER LETTER

Registration Section
Division of Corporations

TO:

SHD IFCT.		Midfield	Midfield Realty LLC			
SUBJECT:	Na	me of Limite	d Liability Company			
Dear Sir or Madam:						
The enclosed Registered Age	ent/Registered Of	fice Change	and fee(s) are submitted for filing.			
Please return all corresponde	nce concerning th	his matter to	the following:			
Ka	te Espiritu					
Nan	ne of Person					
Firm	n/Company					
	ey Valley Rd #199	9				
Ac	ldress					
Towso	on, MD 21204					
City/Sta	te and Zip Code					
E-mail address: (to be u	ised for future an	nual report n	otification)			
For further information conc	erning this matter	r, please call:				
		at ()			
Name of Per	rson		Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corport P.O. Box 6327 Tallahassee, FL 32	rations		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 followin	g 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.

Na	me of the limited liability company:	.LC			·-		
(a)	2401 S 25th St						
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Fort Pierce, FL 34981		Baltimore	, MD 21209			
	01/31/2023			L23	0000579	96	
	Date of filing/registration in Florida	- 4.		Document	number		
(n)	Midfield Management LLC						
(a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	– e:			
	2401 S 25th St #1C						
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)			TÄLL	2023	
	Fort Pierce FL	34981		-	AHASSEE, FLORIDA	2023 OCT 26	process.
(b)	Midfield Management LLC			_	E.FL	PM 12: 38	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:		0810	ယ္ဟ	
	2401 S 25th St #Office			_	Ā	&	
	NEW Registered Office Address:						
	Fort Pierce FI	34981		_			
nge nt v s/we arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the S registered ability cor of the limi	l office and nearly it is ted liability	d the busine s hereby cor y company	ess office afirmed to or as oth	of the hat the erwise	registered change(s)
	ture of a member or authorized representative of a member			Printed or ty	ped name	of signe	2
vist obi ner- ifie M	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is in writing of this change.	ee to act i performa I for in Ci nereby con	n this cape nce of my c hapter 605 ifirm that	acity. I furt duties, and i i, F.S. Or, i the limited i	her agre l am fam f this doc liability c	e to co iliar w cument compar	mply with t ith and acc is being fil iy has been
natu	re of Registered Agent						