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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	;	REGISTERED AGENTS	INC.
Account Number	:	120090000081	
Phone	:	(307)200-2803	
Fax Number	:	(855)330-1010	

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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		Estimated Charge \$25.00			

APR 13 2023 APR 13 2023 Melo A

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

Enter new principal office address, if applicable:	3805 Campus Dr.			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Thousand Oaks CA 913			
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	,		2023 100	_
2. The Florida document number of this limited lia	ability company is: L23000083829		-2 -2 -7	
 Jurisdiction of its organization: Florida Date authorized to do business in Florida: 02 	15 2023		H 12: 50	

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _

(must contain "Limited Liability Company, " "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company." "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	REGISTERED AGENTS INC.	
New Registered Office Address:	7901 4TH ST N STE 300	
<u>Hew Registered Office Hudress.</u>	Enter Flori	ida Street Address
	ST. PETERSBURG	. Florida <u>33702</u>
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent. Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

...

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Title/ Capacity	Name	Address	Type of Action
MGR	BROWN, MALCOLM S	3805 CAMPUS DR	🗆 Add
		THOUSAND OAKS. CA 91360	🛛 🕅 Remov
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jurisdiction (under the law of which this entity is orga <u> <u> <u> </u> <u> </u></u></u>		

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Robin Jones

Typed or printed name of signee