L23000093818

(Re	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(8	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
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June12		

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03/13/23--01022--024 **35.00

COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: Mint Credit 7 LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael So Focistor Name of Person
For Ster. P. A. Firm/Company
980 N Federal Hwy Svite 10 PMB 1060 Address
BOCA Paton, FL 33437 City/State and Zip Code
MSF OF De Ster law - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Adams at (561) 504 - 7787 Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:
□ \$25 Filing Fee & Certified Copy

INHS18 (2/14)

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	tame of the limited liability company: Mint 12 (real	2 LLC		_
	3258 Harrington Drive			Herrington	Drive
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mai	ling address of limited I Note: MAY BE POST (iability company:
	Boxa Ralon, Fl 33496	_	Buce	Raton, FL	- 33496
	02/21/2023		LZ3000	0613818	
3.	Date of filing/registration in Florida	4.	Do	ocument number	
5. (a	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:		
	16400 NW 59" AVC				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	1		
	Miami Lakes, F	330	14		
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:		
	OSO NOITH FEDERAL HIGHW NEW Registered Office Address:	<u>~ay</u>			
	suite 110 PMB 1040				
	Boca RatonF	ı <u>334</u>	37		
chan agen	Imited liability company is not organized under the lage or changes are made, the Florida street address of the twill be identical. Or, in the case of a Florida limited lawere authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	iability co of the lin e limited	ompany, it is I nited liability (liability comp	nereby confirmed the company or as other any.	at the change(s) rwise provided in
	()d dd	<u>A</u>	wel Alu	ns, as Muray	rot Mintle LLC
_	mature of a member or authorized representative of a member			the I found the same and the same of the s	. 1. 1. 22 CH 12 22 [1] 10 11 [1] [1] [1]
prov the o	reby accept the appointment as registered agent and agistions of all statutes relative to the proper and complet obligations of my position as registered agent as provide erely reflect a change in the registered office address, after in writing of this change.	gree to ac e perform led for in I hereby c	in this capac ance of my di Chapter 605, onfirm that th	ny. 1 Juriner ugree dies, and I am Jamil F.S. Or, if this doct e limited liability co	liar with and accept ament is being filed ompany has been
Sign	ature of Registered Agent				