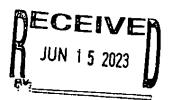
L23 600124787

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer						
JUN 1 5 2023						





300410561333



06/19/23--01005--010 **25.00



COVER LETTER

TO;	Registration Section Division of Corporations						
SHRJ	MG DAVENPORT 619 LLC						
		e of Limited L	Liability Company	_			
Dear :	Sir or Madam:						
The e	nclosed Registered Agent/Registered Offi	ice Change and	I fee(s) are submitted for filing.				
	e return all correspondence concerning thi						
Sydr	ney Grice						
	Name of Person	<u>-</u>					
Ande	erson Business Advisors						
	Firm/Company						
3225	McLeod Drive, #100			. 			
	Address						
Las	Vegas, NV 89121						
	City/State and Zip Code		RECE	N/EP			
ra@a	andersonadvisors.com		NECE	5 2022			
	E-mail address: (to be used for future annu	ual report notif	fication)	2 2023			
For fu	rther information concerning this matter.	please call:	W.				
Sydn	ey Grice	800	7064741				
	Name of Person	(Area Code & Daytime Telephone Num	iber			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 ellahassee, Florida 32314				
Enclosed is a check for the following amount:							
	■ \$25 Filing Fee	55 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.	Na	me of the limited liability company: MG DAVENP	ORT 6	19 LLC			
2. (a)	3225 McLeod Dr, Suite 100	(h	(b) 109 Ambersweet Way PMB 357			
\	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Las Vegas, NV 89121	_	Davent	oort FL 33897		
			_				
		03/09/2023		L23000	124787		
3.		Date of filing/registration in Florida	4.		Document number		
5. (a)	NORTHWEST REGISTERED AGENT LLC					
. (, ,	Registered Agent and Registered Office shown on the records of the	te:				
					• • 1		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS		_		
		7901 4TH ST N STE 300			_		
		ST. PETERSBURG	22700		- :ñ		
		. FL	33702		<u> </u>		
	. 1	Anderson Registered Agents, Inc.					
(b)		Enter name of NEW Registered Agent and/or NEW Registered Office address:			– <u>.</u>		
		625 E. Twiggs Street, Suite 110					
		NEW Registered Office Address:			_		
		Tampa	33602	<u> </u>	_		
				_	_		
If the	a lii Mar	mited liability company is not organized under the law	s of the	State of Fl	orida, it is hereby confirmed that after		
agen	LW	nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial	bility co	npany, it	is hereby confirmed that the change(s)		
was/	WC	re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the l	`the limi	ted liabili	ty company or as otherwise provided in		
		OV Grico by the Indian Contraction		ney Gric	· •		
		re of a member or authorized representative of a member	- Oyu	Tiey One	Printed or typed name of signee		
the o to me	isio blig grei led Math	w accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have been supported by the change of the change	ve to act performa for in C ereby co	in this cap nce of my hapter 60) ufirm that	ragity I fouthous assume to a second of the de-		
		of Registered Agent					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00