## L23000 266 914

	4.4.10	<del></del>		
(17)	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone #	9		
PICK-UP	■ WAIT	MAIL		
70.	usiness Entity Name	· · · · · · · · · · · · · · · · · · ·		
(DC	isiness Entity Name	)		
(Do	ocument Number)			
Certified Copies	Certificates o	f Status		
Special Instructions to	Filing Officer:			
Opecial mandebons to	Timig Officer.			

Office Use Only



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COVER LETTER			
TO: Registration Section Division of Corporations			
SUBJECT: MILES EX LLC			
	ame of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning t	this matter to the following:		
Bandy Miles Name of Person			
MILES EX LLC			
Firm/Company			
1981 NW 43rd Ter. # 75	7074 July 18 19 19 19 19 19 19 19 19 19 19 19 19 19		
Address			
Lavderhill FL 33313 City/State and Zip Code	2007-JUL 1 59 11: 53		
Milesexile @ Gynaul. Com E-mail address: (to be used for future ar	nmual report partification)		
For further information concerning this matter			
^	at ( 959 ) 257-3679  Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	ng amount:		
S25 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.

1. Na	me of the limited liability company: MILES EX LLC		·	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	# 1014		<del>-</del>	
	Oakland Park, FL 33334		<u>.</u>	
	6/1/2023		L2300024691	4
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Registered Agent and Registered Hillie shown on the records of	- LLC The Florida Dept. of S	tate:	
	1150 NW 72nd Ave Tower 1			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>	
	Sto 455			
	MIAMI FL , FI	33126	SECR.	[ ] 2024 JI
	Registered Agents Inc		<u>i</u> .	
(b)		1 Office address.	<del></del>	<del></del>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	, in the second	Tippe 1 Sept.
	7901 4th St N			<u> </u>
	NEW Registered Office Address:		1777	ಎ
	STE 300			
	St. Petersburg , FI	33702		
the cha agent v was/we	mited liability company is not organized under the la nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members of the of organization or the operating agreement of the	f the registered off ability company, i of the limited liabi	ice and the business of t is hereby confirmed t lity company or as oth ompany.	ffice of the registered that the change(s) erwise provided in
	Bal Mil		Printed or typed name	iles
_	ure of a member or authorized representative of a member			
provisi the obl to mere	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete eations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	performance of med for in Chapter 6 hereby confirm the	wantes and Lam tan	unar wun ana accent
	David Roberts - Assistant S	ecretary		

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