## L23000446814

	(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:						

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TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 Please use funds from this account: -120210000160 \$25.00 Authorization Signature: L23000446814 Midfield Holdings LLC Doc. # **Business Name Certified Copy** Certificate of Status <u>AMENDMENTS</u> **NEW FILINGS** Profit Corp Amendment Not for Profit Resignation of R.A. or Office or Director \_\_\_Limited Liability \_X\_\_ Change of Registered Agent Revocation of Dissolution Domestication \_\_Merger Other Conversion CORP 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**

TO:

INHS18 (2/14)

TO:	Registration S Division of Co					
CHDI	ECT.		Midfield Ho	ldings LLC		
SUBJ	ECI:	Name of Limited Liability Company				
Dear S	Sir or Madam:					
The er	nclosed Register	ed Agent/Registered (	Office Change ar	nd fee(s) are submitted for filing.		
Please	return all corre	spondence concerning	this matter to th	e following:		
		Kate Espiritu				
		Name of Person				
		Firm/Company		<del></del>		
	722	Dulaney Valley Rd #1	99			
-		Address	• • •			
		Towson, MD 21204				
	C	City/State and Zip Cod	e	<del></del>		
	E-mail address:	(to be used for future	annual report no	tification)		
For fu	rther informatio	n concerning this mat	ter, please call:			
	Name	of Person	at (	)Area Code & Daytime Telephone Number		
	Mailing Add Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27		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 follow	ing amount:			
	\$25 Filing	Fee	0	\$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.

(a)	722 Dulaney Valley Rd #199	(b)	722 Dulaney Valley Rd #199
(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)
	Towson, MD 21204		Towson, MD 21204
	09/27/2023	<u> </u>	L23000446814
	Date of filing/registration in Florida	- <sub>4.</sub> -	Document number
. (a)	Midfield Management LLC		
. (a)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:
	2401 S 25th St #1C		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>
			<b>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</b>
	Fort Pierce , FI	_34981 	23 0
(b)	Midfield Management LLC		MALLAHASS
(-)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress: De Ti
	2401 S 25th St #Office		MON OCT 26 PM 12: 43
	NEW Registered Office Address:		0 A
	Fort Pierce, FI	34981	
hange gent w as/we he arti	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	registered ability con of the limit	l office and the business office of the registered inpany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	ure of a member or authorized representative of a member		Printed or typed name of signee
, , ,	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I	ree to act i	n this capacity. I further agree to comply with the