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(((H24000326403 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600

Fax Number ; (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:				



## LLC REGISTERED AGENT CHANGE **M&V ENTERPRISE LLC**

Certificate of Status	0
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From: James Wiseman

## **COVER LETTER**

TO:	Division of Corporations				
SUBJE	M&V ENTERPRISE L	LC			
CCDJL		e of Limited Lia	bility Company		
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered Offic	ce Change and f	ee(s) are submitted for filing.		
Please r	return all correspondence concerning this	s matter to the fe	ollowing:		
Mike <sup>-</sup>	Town				
	Name of Person		_		
Legal	zoom.com, Inc.				
	Firm/Company	, 1170	_		
9900	Spectrum Dr				
	Address		-		
Austin	n, TX 78717				
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	<del>-</del>		
kt.mk	:tllc@gmail.com				
E-	-mail address: (to be used for future anni	ial report notific	cation)		
For furt	ther information concerning this matter, p	please cail:			
Mike 1	Town	800	773-0888 ext 9724		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314		
Enclosed is a check for the following amount:					
	□ \$25 Filing Fee	<b>☑</b> \$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: $M\&VENI$	LRP	KI	ISE LLC	
2.				(b) _		
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>		Mailing address of limited Hability company: (Note: MAY BE POST OFFICE BOX)	
		12321 VISTA POINT CIRCLE,		_	12321 VISTA POINT CIRCLE,	
		JACKSONVILLE, FL 32246.	- <del></del>		JACKSONVILLE, FL 32246.	
		12/05/2023		L	_23000539808	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)					
· (-)		Registered Agent and Registered Office shown on the records of THREE BRIDGES ADVISORY INC	the Florie	da D	Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET) 817 EAST CONOVER ST				
		TAMPA,	33603	3		
					1 · · · · · · · · · · · · · · · · · · ·	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	<u> </u>			
		Enter name of the w Registered Agent and of NEW Registered	i Omçe a	aur	ress:	
		PINAK TRIVEDI				
		NEW Registered Office Address:	Registered Office Address:			
12321 VISTA POINT CIRCLE,				_		
		JACKSONVILLE, .FL	32246	õ		
the age was	cha nt w s/we	mited liability company is not organized under the large or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited live authorized by an affirmative vote of the members of the of organization or the operating agreement of the	ws of th the reg ability o	e S iste	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in	
		P.K. aivedi.	Pli	NΑ	AK,TRIVEDI	
S	ignat	ure of a member or authorized representative of a member			Printed or typed name of signed	
pro the to r	obl. nero	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 by reflect a change in the registered office address, I in writing of this change.	ree to ac e performed for in hereby	et in nan Ch con	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been	
Sig	natur	P. K. Quedi.	PINA	K	TRIVEDI	