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Account#: I20000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date:	08/21/20	)25		
Name:	Ryan	Chasteen	<u> </u>	
Referenc	e #:	2867144		
			LORIDA CITY LLC	-
☐ Ar ☐ Ar ☑ Ct ☐ Re		oration/Authorization	on to Transact Business	
M∈	erger ssolution/With	drawal		
_				
Authorize Signature	ed Amount: e:Rya	\$25 in Chasteen		



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date:	08/21/2025	
	Ryan Chasteen	
Reference #	2867144	-
	MW OF FLO	ORIDA CITY LLC
	es of Incorporation/Authorization	
Amen	dment	
✓ Chang	ge of Agent	
Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
☐ Fictition	ous Name	
Other		
Authorized A	mount: <b>\$25</b>	
Signature: _	Ryan Chasteen	



## 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.

i. N	ame of the limited liability company: MW OF	FLOR	IDA C	ITY LLC		
2. (a)		(b)	i			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			dailing address of limited (Note: MAY BE POST)		
	No Change	<u> </u>	No Char	nge		
	February 19, 2025		Ļ	25000084631		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	CT CORPORATION SYSTEM					
	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State	: ::		
	1200 SOUTH PINE ISLAND ROAD	1200 SOUTH PINE ISLAND ROAD				
	Registered Office Address (MUST BE FLORIDA STREET		79			
	SUITE 250	175				
	PLANTATION, F	L 33324			2025 N.	
<b>(</b> b	COCENCY CLOBALING			•	_1) 21 PH12: 53	
(1)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			•	112	
	115 North Calhoun St., Suite 4				်း (A ()	
	NEW Registered Office Address:					
	Tallahassee, F	 L 32301				
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	nws of the lift the registiability corons of the limi	tered office mpany, it is ited liability	e and the business offi is hereby confirmed the y company or as other	ce of the registered at the change(s)	
/	s/ Andrew DiPasquale		Andrew I	DiPasquale		
Sign	ature of a member or authorized representative of a member		_	Printed or typed name of	signee	
provi the oi to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address, l ed in writing of this change.	ree to act e performa ed for in C hereby co	in this cape mee of my e hapter 605 nfirm that	acity. I further agree duties, and I am famil , F.S. Or, if this docu the limited liability co	to comply with the iar with and accept ment is being filed mpany has been	
	im Mayville					
Signa	ture of Registered Agent Tim Mayville, Assistant See	cretary				

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