M00000001132

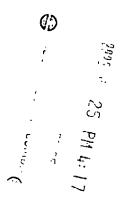
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	07/25/2023	
Name:	Chris Vick	
Reference #:	2050123	
Entity Name:	MIDDLESEX FLO	RIDA HOLDINGS LLC
Article	s of Incorporation/Authorization	o Transact Business
☐ Amen	dment	
Change	ge of Agent	
☐ Reinst	atement	
☐ Conve	ersion	
☐ Merge	r	
☐ Dissol	ution/Withdrawal	
Fictitio	ous Name	
Other_		
Authorized A	mount: \$25.00	

F: +852.2682.9790

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. Na	ame of the limited liability company:MIDDLE	ESEX	FLOF	RIDA HOLDIN	<u>IGS</u>	<u> </u>	.C
2. (a)		(b	,)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,		Mailing address of limite (Note: MAY BE POS			
	No Change		No Ch	nange			<u>-</u>
	June 9, 2000			M00000001132			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	CorpDirect Agents, Inc.						
	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of S	State:			
	1200 South Pine Island Road						
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS	7				
	Miami . F	1,_33324				2023	
(h)	COGENCY GLOBAL INC.			L AHA	CM. TANY	2029 JUL 25	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office add	dress:	Se €		25	
	115 North Calhoun St., Suite 4			E, FL	OF S	AM 11: 04	
	NEW Registered Office Address:			ORIDA	OF STATE	100	O
	Tallahassee, F	_{L_} 32301					
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address evill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the of the regis liability co of the lim	stered off impany, i ited liabi	fice and the business of it is hereby confirmed t lity company or as oth	ffice that t	of the	regist <mark>e</mark> red inge(s)
	shua Wernig	Josh	ua Wer				
`	ture of a member or authorized representative of a member			Printed or typed name	_		
provisi the obli to merc	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complet igations of my position as registered agent as provid Ay reflect a change in the registered office address, a Lin writing of this change.	gree to act e performa led for in C I hereby co	in this co ance of n hapter 6 onfirm the	apacity. I further agre w duties, and I am fam 605, F.S. Or, if this doc at the limited liability (re to e tiliar cume comp	compl with a rnt is b rany h	y with the and accept peing filed as been
/s/ Mi	ichael Carlisle						

Michael Carlisle, Assistant Secretary

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

Signature of Registered Agent