2/15/24, 3:45 PM

Division of Corporations



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To:

Division of Componations

Fax Number : (850)617-6383

From:

Account Name : PARANET CORPORATION SERVICES, INC.

Account Number : I20090000069
Phone : (800)277-9977
Fax Number : (800)815-8477

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

Email Address: laura@idowest.com

LLC REGISTERED AGENT CHANGE MP-WA, LLC

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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. Fiorida 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. N	ame of the limited liability company: MP-WA, LLC				
2. (a)	204 E. 17TH STREET, SUITE 202	(b) 204 E. 17	(b) 204 E. 17TH STREET, SUFIE 202 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				
	COSTA MESA, CA 92627	COSTA	MESA, CA 92627		
	07/22/2005	M0500000			
3.	Date of filing/registration in Florida CF REGISTERED AGENT, INC.	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of the 100 S. Ashley Drive	·	te:		
	Registered Office Address (MUST BE FLORIDA STREET A. Suite 400	····	2024 FEB		
	Tampa , FL		A	LAHAS	
(b)	NRAI Services, Inc			0,	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			PH 3:	
	1200 South Pine Island Rd			PH 3: 22	
	NEW Registered Office Address:				
			_		
	Plantation FL ³	3324	_		
change agent v	imited hability company is not organized under the laws or changes are made, the Florida street address of the re will be identical. Or, in the case of a Florida limited hab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the h	egistered office an ality company, it i the limited liabilit mited liability cor	nd the business office of s hereby confirmed that ty company or as othery noany.	The registered tibe change(s)	
$ \swarrow $	and Zamand	LAURI		·	
I herei provisi the obl to mere notified NR By:	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete prigations of my position as registered agent as provided any reflect a change in the registered office address, I he in writing of this change. Al-Services, Inc. Leave Tacch	offormance of my for in Chapter 602 reby confirm that	duties, and I am familia 5, F.S. Or, if this docun the limited liability con	e amerikanish dan	
Signatu	re of Registered Agent, Natalie Leiba-Paul - Assistant Secreta	iry (((H24	4000063778 3)))		

Division of Cornerations & P.O. Roy 6327 Tallahassas El 32314