## M11000002815

(Rec	uestor's Name)						
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PICK-UP	WAIT	MAIL					
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Certified Copies Certificates of Status							
Special Instructions to Filin	ng Officer:						
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I2000000195								
REFERENCE : 024016 8334108								
REFERENCE: 024016 8334108  AUTHORIZATION COST LIMIT: \$ 25.00								
COST LIMIT : U\$ 25.00								
ORDER DATE : October 12, 2022								
ORDER TIME : 1:37 PM								
ORDER NO. : 024016-060								
CUSTOMER NO: 8334108								
CHANGE OF AGENT								
NAME: MILANA HOLDINGS, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Eyliena Baker								

EXAMINER'S INITIALS:

## 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. N	Name of the limited liability company: MILANA HOL	DINGS, I	LLC	:			
2. (d)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	\	(b)				pany:
	215 COLES STREET		:	215 COLES ST	REET		
	JERSEY CITY, FL 07310		JERSEY CITY, FL 07310				
	06/02/2011		٨	<b>/11</b> 000002815			
3.	Date of filing/registration in Florida	4.		Docu	ıment number		•
5. (a	.)						
). (a	Registered Agent and Registered Office shown on the records of	of the Flori	da D	ept. of State:			
	Chung, Jay						
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRES	<u>5.5)</u>	1			
	318 N.W. 23 STREET				Ų.	20	
	Miami	33127			TALL	)));) OCT 13	
		<u> </u>			AD.	7	ligania exercis
(b)	)				AS:	ယ	[] LPH <del>=&gt;</del>
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	ıddr	<u>ess</u> :	÷.m	3	e in the second
	Corporation Service Company				AHASSEE, FL	AM 10: 34	
	NEW Registered Office Address:				,	-	
	1201 Hays Street		-				
	Tallahassee . F	32301					
chang agent was/v	dimited liability company is not organized under the lage or changes are made, the Florida street address of the 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	ne registe liability c of the li	red com mite	office and the l pany, it is herel ed liability com	business office of th by confirmed that th ipany or as otherwis	e regis e char	tered ge(s)
	- Troisite Maria			Moishe Mana, Authorized Person			
-	nature of a member or authorized representative of a member				ed or typed name of sign		
provi: the ol to me notifi	eby accept the appointment as registered agent and as 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, i ed in writing of this change.	gree to ac e perforn led for in I hereby c	ct in nan Ch conj	this capacity. ce of my duties, apter 605, F.S. firm that the lin	I further agree to c , and I am familiar v Or, if this documer nited liability compo	omply vith ar it is be my ha:	with the id accept ing filed i been
	are Cokuby						
Grace	ture of Registered Agent e E. Kirby, Asst. Vice President						

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