

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	(,,,,,,,,,,,,,-	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates of	Status
,	_	
Special Instructions to	Filing Officer;	
		•

Office Use Only



900440236629

2074 DEC -3 AH II: 33

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 755036

AUTHORIZATION :

COST LIMIT : \$ 25.0

ORDER DATE: November 7, 2024

ORDER TIME : 9:37 AM

ORDER NO. : 755036-092

CUSTOMER NO: 4380061

\_\_\_\_\_

## CHANGE OF AGENT

NAME: MIF, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

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.

l. N	ame of the limited liability company: MIF, L.L.C.	<u>.                                    </u>		
2. (a)	7750 Wisconsin Avenue		7750 Wisconsin Avenue	
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Bethesda, MD 20814	_	Beth	esda, MD 20814
	06/18/2012		M1200	00003427
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of		I. Dt.	Ev
	C T CORPORATION SYSTEM	the Fiori	ца глери, о	i State:
	Registered Office Address	ADDRE	<u>SS)</u>	<del></del>
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION	33324		
		··· <del>·</del>		
(b)	Enter name of NEW Registered Agent and/or NEW Registered			<i>C</i> / <sub>2</sub>
	Enter name of NEW Registered Agent and/or NEW Registered	d Office :	<u>iddress</u> :	9241
	Corporation Service Company			2024 DEC -3
	NEW Registered Office Address:		<u></u>	c'o -:
	1201 Hays Street			
				7:11:50 
	Tallahassee . FI	3 <b>2</b> 301		50
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registe iability of of the li e limited	red offic company mited lia Hiability	e and the business office of the registered , it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Sign	signature of a member or authorized representative of a member		Andrew P.C. Wright, Secretary  Printed or typed name of signee	
I here provis the ob- to men notific	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. It is writing of this change.	ree to a perfort d for in hereby	ct in this nance of Chapter confirm	capacity. I further agree to comply with the
	ure of Registered Agent re E. Kirby, Asst. Vice President			

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