M140000000769

(Re	equestor's Name)						
(Ac	ddress)						
(Ac	ddress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates	s of Status					
Special Instructions to Filing Officer:							

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LALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: November 12, 2020

Order#: 500155-003

Re: M/I FINANCIAL, LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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.	Na	me of the limited liability company:	, LLC			
2.	(a)	4131 Worth Avenue	<u>-</u>	(b)	(h) 4131 Worth Avenue	
	\ -/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(*)	Mailing address of limited liability com (Note: MAY BE POST OFFICE BO	
		Suite 500			Suite 500	
		Columbus, OH 43219			Columbus, OH 43219	
		02/03/2014		1	M14000000769	
3.		Date of filing/registration in Florida	4.	-	Document number	
5.	(a)	C T CORPORATION SYSTEM				
٥.	(4)	Registered Agent and Registered Office shown on the records of	the Flor	rida	da Dept. of State:	
		1200 SOUTH PINE ISLAND ROAD				
		Registered Office Address (MUST BE FLORIDA STREET A			2 070	
		PLANTATION	33324	4		
		, r.				
	(b)					
	` ,	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ddress:	
		Corporation Service Company			2	
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee . FI	3230 ⁻	1		
ch ag wa	ange ent v is/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the registe ability of the l	erec cor imi	red office and the business office of the regis ompany, it is hereby confirmed that the chan mited liability company or as otherwise provi	tered ge(s)
_		Lie E. Clari	Ji 	II C	Cilmi, Authorized Person	
I pr the to no	herei ovisi e obl mere tified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I i I in writing of this change. Down L-Kuble	ree to a perfor d for ir hereby	nct i ma n Ci coi	Printed or typed name of signee et in this capacity. I further agree to comply nance of my duties, and I am familiar with an Chapter 605, F.S. Or, if this document is be confirm that the limited liability company has	with the ad accept ing filed a been
Si	gnatu race	Droce C-Knby re of Registered Agent E. Kirby, Asst. Vice President of Corporation Service	e Comp	pan	any	

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