11/8/23, 5:05 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003886633)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 fax Number : (614)573-3996

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

Email Address:_



LLC REGISTERED AGENT CHANGE MODOP, LLC

Certificate of Status	0
Certified Copy	U
Page Count	02
Estimated Charge	\$25.00

S. ROTERTS

NOV 1 3 2023

Electronic Filing Menu Corporate Filing Menu

Help

MODOP LLC

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. Nε	ame of the limited liability company:				
2. (a)	444 BRICKELL AVENUE		(b)	fickell Ave.	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE 900		Ste. 900		
	MIAMI, FL 33131		Miami, Fl	L 33131	
	7/30/2015		M1500000	6039	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	BERTRAND, ERIC J				
` ,	Registered Agent and Registered Office shown on the records of 444 BRICKELL AVENUE Registered Office Address (MUST BE FLORIDA STREET A SUITE 900				
		33131			
			· , · - · · · · · · · · · · · · · · · · ·	-	
(b)	C T Corporation System				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u>.</u>	
		···		<u>.</u>	
	NEW Registered Office Address:			- - - - -	
	1200 South Pine Island Road			<u></u>	
	Plantation , FL	33324			
the cha agent v was/wo	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of th the reg ability of the li	ne State of Figistered offic company, it mited liabili	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
Hilling.		Ka	thryn McBrid		
	ture of a member or authorized representative of a member	,3.11		Printed or typed name of signee	
I herei provisi the obl to mere notified By:	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 d in writing of this change. CT Corporation System	ree to a perfor d for in hereby	ct in this cap mance of my Chapter 60 confirm thai	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
	re of Registered Agent Natalle Pickens, Assistant Secret	ary			

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