Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845

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Email Address:

LLC REGISTERED AGENT CHANGE MISSION GLOBAL 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, 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. Na	me of the limited liability company: Mission Global LL	C		
2. (a)	4741 MILITARY TRAIL SUITE 202	(1) 4741 MILI	ITARY TRAIL SUITE 202
(u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ \		dailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
	JUPITER, FL 33458	-	JUPITER.	FL 33458
	10/24/2016	_	М16000003	362
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	NRAI SERVICES, INC			
(Registered Agent and Registered Office shown on the records of the	ie Florid	a Dept, of State	_
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 South Pine Island Road		2021 AUG 2	
	Plantation , FL	33324		
(b)	C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		dress:	SI CHETARY OF STATE JIVISION OF CORPGRATION 2021 AUG 27 AM 10: 17
	NEW Registered Office Address:			
	1200 South Pine Island Road			-
	Plantation, FL_	33324		-
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the light throughout	the reg bility c the lir	stered office ompany, it is nited liabilit liability con	e and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
Signat	ure of a mandantarian and the control of a member			Printed or typed name of signee
I hereh provisi the obli to mere notified By:	ov accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete pigations of my position as registered agent as provide My reflect a change in the registered office address. I have the change of this change. CT Corporation System	ee to ac perform I for in ereby c	et in this cap nance of my (hapter 60: onfirm that	acity. 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