

M170003164923

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H170003164923)))



H170003164923ABC0

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 : INCORPORATING SERVICES FL
Account Number : 120050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

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 MREF ILLOREE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2017 DEC -4 AM 9:03

TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 DEC -4 AM 8:32

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MREF II LOREE, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed *Registered Agent/Registered Office Change* and *fee(s)* are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sara Flanagan

Name of Person

Incserv

Firm/Company

3500 S DuPont Hwy

Address

Dover, DE 19901

City/State and Zip Code

sflanagan@incserv.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Flanagan

at (302)

531-0855

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: MREF II LOREE, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
701 BRICKELL AVE, SUITE 1400
MIAMI, FL 33131
07/07/2017
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
701 BRICKELL AVE, SUITE 1400
MIAMI, FL 33131
M17000005771
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
GRUENER, EDUARDO
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
701 BRICKELL AVE, SUITE 1400
MIAMI, FL 33131

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Incorporating Services, Ltd.
NEW Registered Office Address:
1540 Glenway Drive
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Eduardo Gruener

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Sara Blaragan, assistant secretary
Signature of Registered Agent

FILED
17 DEC -4 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA