M21000005139

(Ř	equestor's Name)	
(A	ddress)	
	ddress)	
(/ \	adi cosy	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	=	
(В	lusiness Entity Name)	
	Ocument Number)	
	•	
Certified Copies	Certificates of	Status
Special Instructions to Fil	ling Officer	
1		

Office Use Only



000416971940

2023 OCT -9 AM 10: 43

Olygi Olygi Disco

NE OF THE

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195										
REFERENCE : 056804 7848291										
AUTHORIZATION: Spulskeman										
COST LIMIT : \$ 25,00										
ORDER DATE: October 9, 2023										
ORDER TIME : 1:01 PM										
ORDER NO. : 056804-005										
CUSTOMER NO: 7848291										
CHANGE OF AGENT										
NAME: MBM DEVELOPMENTS, L.L.C.										
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:										
CERTIFIED COPY XX PLAIN STAMPED COPY										
CONTACT PERSON: Eyliena Baker										
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.

1.	Na	me of the limited liability company: MBM DEVELOP	MENTS	3, I —	L.L.C.				
2.	(a)		C	b)					
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	-,	Mailing address of lim	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		1460 S Treasure Dr			1460 S Treasure Dr				
		North Bay Village, FL 33141		•	North Bay Village, FL 33141				
		05/12/2021		ľ	M21000005739				
3.		Date of filing/registration in Florida	4.	_	Document numbe	<u> </u>			
5.	(a)	•							
	(-)	Registered Agent and Registered Office shown on the records of t	he Florid	la F	Dept. of State:			•	
		Registered Office Address (MUST BE FLORIDA STREET A	-,						
		1200 SOUTH PINE ISLAND ROAD							
		PLANTATION FL	33324			7 <u>27</u> 27.5	2023 OCT -9		
						LAHASSI		<u>-11</u>	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered		SS 48 - 9		<u></u>			
		ishter hante of AND Wegistered Agent and/or MEW Registered Office address.		icus.	AM IO: 43 EE, FLORIDA				
	Corporation Service Company								
	NEW Registered Office Address:					- Rec			
		1201 Hays Street				>			
		Tallahassee	32301			•			
		, FL							
cha ago wa	inge ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	register bility co f the lin	ed om nit	office and the business office pany, it is hereby confirmed ed liability company or as or	e of th that th	ne regis he char	stered age(s)	
/s	/ CA	ASSANDRA MUCKEY	CA	SS.	SANDRA MUCKEY				
S	ignat	ure of a member or authorized representative of a member			Printed or typed name	of sign	nee		
pro the to i	wisie obli nere	oy accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	ve to act perform I for in (ereby co	t ir an Ch on	n this capacity. I further agr ace of my duties, and I am far apter 605, F.S. Or, if this do firm that the limited liability	ee to c niliar ocumei comp	comply with a nt is be any ha	with the id accept ing filed s been	
<u>X</u>		see Cokuble							
Sig	natur	e of Registered Agent\							