## 1121000006657

(F	Requestor's Name)
( <i>F</i>	Address)
()	Address
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
([	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/07/2021	
	Jennifer Bialowas	
	#:1543656	
	e: <b>MP</b> 1	3 TAMPA LLC
	les of Incorporation/Authorizat	
Ame	endment	
√ Cha	nge of Agent	
☐ Reir	statement	
☐ Con	version	
☐ Mer	ger	
Diss	olution/Withdrawal	
☐ Ficti	tious Name	
☐ Othe	er	
Authorized Signature:		

## 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

Florida	T.									
I. Na	me of the limited liability company: MPI3 TAM	PA LLC								
2. (a)	701 Lake Street E, Suite 250	701 Lake S	Street E, Suite	250						
_, (,	Principal office address of limited liability company:	Mai	Mailing address of limited liability company:							
	( <u>Note: MUST BE STREET ADDRESS)</u>	(Note: MUST BE STREET ADDRESS)					(Note: MAY BE POST OFFICE BOX)			
	Wayzata, MN 55391		Wayzata, I	MN 55391						
	June 2, 2021		M21000	006657	<b>-</b>					
3.	Date of filing/registration in Florida	<del></del> 4.	·	ocument numbe	 ?r	-	<del></del>			
	CT Corporation System									
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida D	Pent of State:							
		of the Horizan	representation							
	1200 South Pine Island Road	PT (DDDCCC)								
	Registered Office Address (MUST BE FLORIDA STREE	<u>et addkess)</u>								
	Plantation	FL 33324								
		. 15				)( <u>1</u> 2)				
(b)	COGENCY GLOBAL INC.					*				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	rea Omice addr	evs:			ر") 1	19 3 F/ES 7 200-2			
	115 North Calhoun St., Suite 4			;		<b>~</b> J	573			
	NEW Registered Office Address:				1 1 1	AM 8: 11				
						æ —	1329			
				l	<u> </u>	اس				
	Tallahassee	FL 32301								
the cha agent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited at the authorized by an affirmative vote of the members of organization or the operating agreement of the case.	s of the registed I liability con rs of the limit	ered office a apany, it is h ed liability c	nd the business ereby confirme ompany or as o	office d that t	of the he cha	registered ange(s)			
/s/Matthew Schliep		Matth	ew Schliep	) 						

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

/s/Tim Mayville

Signature of Registered Agent

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