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	To:	Division of Corporations Fax Number : (850)617-6383	2025			
	From:	Account Name : C I CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)280-3338	- : !\\ 			
		ne email address for this business entity to be used fo al report mailings. Enter only one email address pleas 1 Address:	بې مr future e.**			
•	·	LLC REGISTERED AGENT CHANGE				
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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.

. (a)			(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited flability compan (<u>Note: MAY BE POST OFFICE BOX</u>)		
	5600 BROKEN SOUND BLVD NW. STE 100 BOCA RATON, FL 33487		5600 BRO	KEN SOUND BLVD NW, STE 100	
			BOCA RATON. FL 33487		
	05/24/2021		M21000007	235	
	Date of filing/registration in Florida	4.		Document number	
(a)	MLG SERVICES, LLC				
/	Registered Agent and Registered Office shown on the record	- 9:			
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7284 W PALMETTO PARK ROADSTE 101			-	
	BOCA RATON	FL		202	
	C T Corporation System				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			• • •	
				- ;	
	NEW Registered Office Address:	<u> </u>		\sim	
	1200 South Pine Island Road			() ()	
	Plantation	FL			
ie cha gent w ras/we	mited liability company is not organized under the nge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited ire authorized by an affirmative vote of the membe cles of organization or the operating agreement of	laws of the re s of the re d liability rs of the l	ne State of Flo gistered office company, it is imited liability	and the business office of the regist s hereby confirmed that the change(s s company or as otherwise provided	
<u><u></u></u>	Party SAL, SERVE	Ri	chard M. Sothe		
Signat	ure of a member or authorized representative of a member	<u></u>		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. C T Corporation System

Eric Carlson, Assistant Secretary Mina

Signature of Registered Agenr/

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

By: