## M21000011498

(Requestor's Name)
(Address)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:06/18/2024	_
Name: Patrice Ru	sh
Reference #: 24018	70
Entity Name:	MM FL PROPERTIES, LLC
Articles of Incorporation/A	Authorization to Transact Business
Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
Other	
Authorized Amount:	\$25.00
Signature:	

F: 800.944.6607

## 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.

2. (a)		(b		·			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	No Change	_ _	No Cha	ange			
	August 31, 2021			M2100001149	8		
١.	Date of filing/registration in Florida	4.		Document nu	ımber		
. (a)	UNITED AGENT GROUP INC.						
. (4)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of St	ate:			
	NORTH PALM BEACH						
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRESS)	<u>.</u>	_			
	NORTH PALM BEACH FL	33408			TALLA	2024 JUN 20	<u>-</u> 1
(b)	COGENCY GLOBAL INC.				HASS	UN 20	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:		ш <sup>с.</sup>		in
	115 North Calhoun St., Suite 4				AHASSEE, FLORIDA	AM 10: 1	Ö
	NEW Registered Office Address:				í i. DA	=	
	Tallahassee	32301		_			
ne cha gent w as/we ne artic	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- tere authorized by an affirmative vote of the members of coles of organization or the operating agreement of the bit Moon	vs of the S the regist ability con f the limi limited li	ered office npany, it ted liabili ability co	ce and the busir is hereby confi ity company or	ess officermed that	e of th	e registere nange(s)
Signat	ure of a member or authorized representative of a member			Printed or typed	name of s	ignee	
hereb rovisio he obli mere otified	by accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete 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.	ee to act i performa I for in Co nereby co	n this cap nce of my napter 60 nfirm tha	pacity. I further duties, and I a 5, F.S. Or, if th t the limited lian	r agree t m famili his docur bility cor	o comp ar with nent is npany i	oly with the and accep being filed has been

Signature of Registered Agent

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