## M21000012760

	(Requestor's Name)				
(Address)					
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(Document Number)					
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 812866 8375431

AUTHORIZATION :

COST LIMIT : \$ 25.0

ORDER DATE: December 5, 2024

ORDER TIME : 10:35 AM

ORDER NO. : 812866-012

CUSTOMER NO: 8375431

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: CENTRAL MHC LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS:

## 'ATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

suant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company mits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name o	of the limited liability company: CENTRAL M	HC LLC			
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)		
810	810 PEACHTREE ST		810 PEACHTREE ST		
co	COA, MD 32922		-	COCOA, MD 32922	
09/:	28/2021		Μ	M21000012760	
	Date of filing/registration in Florida	4.		Document number	
(a)					
	stered Agent and Registered Office shown on the records	s of the Flo	orida D	Dept, of State:	
WY	'SS, JONATHAN				
Regi	stered Office Address (MUST BE FLORIDA STRE	ET ADDR	ESS)	<del></del> <u>L</u>	
319	91 GRAND AVENUE #331774			~	
MIA	MIAMI STECK TO THE SECOND TO T				
(b)		_		Iress:	
` -	name of NEW Registered Agent and/or NEW Register	ered Office	e addr	Iress: SS P	
Coi	rporation Service Company			PHI2: 49	
NEY	V Registered Office Address:			, IE <b>9</b>	
120	01 Hays Street				
Tal ——	lahassee	. FL323	301		
ange or cl ent will b as/were au	hanges are made, the Florida street address of e identical. Or, in the case of a Florida limited	the regis d liability rs of the	tered com limit	State of Florida, it is hereby confirmed that after the d office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in liability company.	
Signature of	f a member or authorized representative of a member	_		Printed or typed name of signee	
ovisions c cobligation merely re	cept the appointment as registered agent and of all statutes relative to the proper and complons of my position as registered agent as prov flect a change in the registered office address writing of this change.	agree to ele perfo ided for l . I hereb	act in rman in Ch y con	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been	
_	Registered Agent y, Asst. Vice President				