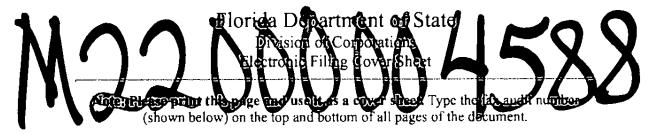
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Division of Corporations



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	To:					
		Division of Co	orporations			
			: (850)617-6383			
	From:				2024 OCT 18	
		Account Name	: C T CORPORATION SYSTEM	7-31	ō	1.04
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		Phone	: (614)280-3338			•
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			MPC FUND GP, LLC			

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M. SOLOMON

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Help

To: ♣ Page: 3-of 3 2024-10-18 08:50:08 CST 12122023573 From David Thomes

## 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.

I. Na	ime of the limited liability company: MPC FUND GP.	1.1.C				
2. (a)	189 S ORANGE AVE	(b) 189 S ORANGE AVE				
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	····	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	ORLANDO, FL 32801		ORLANDO, FL 32801			
	03/25/2022	M2200	0004588			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	CORPORATE CREATIONS NETWORK INC.					
J. 147	Registered Agent and Registered Office shown on the records of 801 US HWY I N					
	Registered Office Address (MUST BE FLORIDA STREET)	2024 OCT 18				
	PALM BEACH, FL , FL	33408	<del></del>			
(b)	C T Corporation System	PH 2:				
<b>\</b> *-'	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	: 57				
	NEW Registered Office Address:	<del></del>				
	1200 South Pine Island Road					
	Plantation	33324				
the cha agent v was/we	imited liability company is not organized under the lay nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members coles of organization or the operating agreement of the	ws of the State of the registered cability company of the limited lia	office and the business office of the registered; it is hereby confirmed that the change(s) bility company or as otherwise provided in			
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee				
provisi the obl to merc	by accept the appointment as registered agent and agrounds 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 if I in writing of this change.  CT Corporation System	ree to act in this performance of ad for in Chapte, hereby confirm	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been			

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