

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : NRAI SERVICES, LLC
Account Number : I20080000104
Phone : (302)674-4089
Fax Number : (302)674-5266

the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT CHANGE
MADISON MOUNT DORA LLC

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M. SOLOMON
JUN 26 2023

Electronic Filing Menu

Corporate Filing Menu

Help

H23000223654 3

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.

1. Name of the limited liability company: MADISON MOUNT DORA LLC

2. (a) C/O DEL ORO LEASING OFFICE

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

7001 NW 16TH STREET

PLANTATION, FL 33313-5270

(b) C/O DEL ORO LEASING OFFICE

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

7001 NW 16TH STREET

PLANTATION, FL 33313-5270

MAY 11, 2022

M22000007361

3. Date of filing/registration in Florida

4.

Document number

5. (a) C T CORPORATION SYSTEM

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND ROAD

PLANTATION

FL 33324

(b) NRAI SERVICES, INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 SOUTH PINE ISLAND ROAD

PLANTATION

FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Charles Herzka
Signature of a member or authorized representative of a member

CHARLES HERZKA

Printed or typed name of signer

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.

Signature of Registered Agent

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

2023 JUN 23 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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