## 11122000010833

(R	equestor's Name)				
(Address)					
ζ.	201033)				
(Address)					
(C	ity/State/Zip/Phone #)				
PICK-UP	■ WAIT	MAIL			
(B	Susiness Entity Name)	_			
10	Occument Number)				
,5	oddineni Hambery				
Certified Copies	Certificates of	f Status			
<del></del>					
Special Instructions to Fil	ling Officer;				
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	11017				

Office Use Only



400426817144

2024 APR -2 PM 4: 07

RECEIVED

2024 APR - 2 MAIL: 25



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:04	4/02/2024				
Name:	Patrice Rush	<u></u>			
	2323929	<u> </u>			
Entity Name: MM PROPERTY, LLC					
☐ Articles	of Incorporation/Authorizatio	n to Transact Business			
Amendn	nent				
✓ Change	of Agent				
Reinstat	ement				
☐ Convers	ion				
Merger					
Dissolut	ion/Withdrawal				
Fictitious	s Name				
Other_					
Authorized Am	ount: \$25.00				
Signature:	(Past)				

F: +852.2682.9790

## 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.

Name of the limited liability company:				MM PROPERTY FL LLC			
2.	(a)		1	(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 CHANGE		
		7/11/2022	_		M22000010833		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)			_	_		
		Registered Agent and Registered Office shown on the records of t	he Flori	da Dept. of Stat	te:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					_		
		ONE INDEPENDENT DRIVE STE 13	300		~>		
		JACKSONVILLE FL		32202	2021 APR		
	(b)	b) Cogency Global Inc.					
(0)		Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		115 North Calhoun Street, Suite 4	1		- 25 - 25		
		NEW Registered Office Address:	<u> </u>		- 		
		Tallahassee .FL		32301	_		
the age wa	cha ent v s/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of celes of organization or the operating agreement of the	the reg ibility of f the li	gistered offic company, it i mited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in		
		/s/ Thomas Rabold JR			Thomas Rabold JR		
S	ignat	ture of a member or authorized representative of a member	_		Printed or typed name of signee		
pro the to t	ovisi obl mere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I have in writing of this change.	ee to a perfori l for in iereby	ct in this cap mance of my Chapter 60. confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
		/s/ Timothy Mayville					

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

Signature of Registered Agent