# M22000013866

(Re	questor's Name)					
bA)	dress)					
(Ad	dress)	<del>.</del>				
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer.					

Office Use Only



500416677055

RECEIVED

## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

## **ORDER FORM**

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

**FROM** 

Melissa Moreau

mmoreau@incserv.com

850.656.7953

**REQUEST DATE** 10/11/2023

**PRIORITY** Routine

OUR REF # (Order ID#) Courtney

**ORDER ENTITY** 

**MREP Opportunity Fund I, LLC** 

#### PLEASE PERFORM THE FOLLOWING SERVICES:

MREP Opportunity Fund I, LLC

Please file the attached change of agent filing.

#### **NOTES:**

\$25.00 Authorized

Email address for annual report reminders: radiv@incserv.com

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2023

INCORPORATING SERVICES

SUBJECT: MREP OPPORTUNITY FUND I, LLC

Ref. Number: M22000013886

We have received your document for MREP OPPORTUNITY FUND I, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number does not match the name.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 623A00023641

Please homes the SECRETANY OF SEA MAN 9:

RECEIVED

# 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. N	ame of the limited liability company: MREP Opportu	unity Fund I,	LLC			_	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  701 BRICKELL AVENUE, SUITE 1400  MIAMI, FL 33131				
	701 BRICKELL AVENUE, SUITE 1400						
	MIAMI, FL 33131						-
	09/07/2022	;	M220000138	886			
3.	Date of filing/registration in Florida	<del></del>		Document number			
<i>=</i> ,_\							
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept, of State	1			
	C T CORPORATION SYSTEM		•	_	-1	29	
	Registered Office Address (MUST BE FLORIDA STREE	egistered Office Address (MUST BE FLORIDA STREET ADDRESS)			2 ( - (	J23 (	
	1200 SOUTH PINE ISLAND ROAD			7	>: I:	2023 OCT 11	1:
	PLANTATION	FL_33324			ATTAMASSEE, FLORIDA		
		,	_			2	
(b)						8. 2.	1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office add	<u>ress</u> ;	;	D (7:1	123	
	Incorporating Services, Ltd.						
	NEW Registered Office Address:						
	1540 Glenway Drive						
	Tallahassee	FL_32301					
change agent v was/w	imited liability company is not organized under the corchanges are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membersicles of organization or the operating agreement of the	laws of the S he registered liability con s of the limi	l office and apany, it is ted liability	I the business offic hereby confirmed company or as of	e of th that t	ne regi he cha	stered nge(s)
/S/	Eduardo Gruener	Edua	rdo Gruener	, Member			
Signa	ture of a member or authorized representative of a member			Printed or typed name	of sign	nce	
provisi the obl to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provic ely reflect a change in the registered office address, d in writing of this change.	igree to act i te performai ded for in Cl Thereby con	n this capa ice of my d iapter 605, ifirm that th	city. I further agre luties, and I am fan F.S. Or, if this da he limited liability	ee to c niliar ocume comp	omply with a nt is be any ha	with the nd accept zing filed is been
	Courtney Lehto, Assistant	t Secretary					
Signato	ire of Registered Agent						

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