M22000013909

(Requestor's Name)		
(Address)		
(Address)		
·	,	
/Ci+	ry/State/Zip/Phone #)	
(Cit	y/State/Zip/Priorie #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Document Number)		
(= -	,	
0-45-10-1	0.75	0
Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		
·		





600416677046

2023 OCT 11 AM 9

CHANGE IT LOSSES

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

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 10/11/2023

850-245-6051

PRIORITY Routine

OUR REF # (Order ID#) Courtney

ORDER ENTITY
MREP Allapattah, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

MREP Allapattah, 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: 120050000052

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.

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: MREP Allapattah, LLC Mailing address of limited liability company: Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 701 BRICKELL AVENUE, SUITE 1400 701 BRICKELL AVENUE, SUITE 1400 MIAMI, FL 33131 MIAMI, FL 33131 09/07/2022 M22000013909 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: C T CORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD PLANTATION (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Incorporating Services, Ltd. NEW Registered Office Address: 1540 Glenway Drive Tallahassee 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. Eduardo Gruener, Member /S/ Eduardo Gruener Signature of a member or authorized representative of a member Printed or typed name of signee

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.

Cours duri Courtney Lehto, Assistant Secretary

Signature of Registered Agent