M22000013911

,										
(Re	equestor's Name)									
(Address)										
(Ac	idress)									
(Ci	ty/State/Zip/Phone	e #)								
PICK-UP	☐ WAIT	MAIL								
(Business Entity Name)										
(Document Number)										
Certified Copies	Certificates	s of Status								
Special Instructions to	Filing Officer:									

Office Use Only



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2023 OCT 11 AM 8: 28

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 Aliapattah Owner, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

MREP Allapattah Owner, 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 ALLAPATTAH OWNER, LLC Ref. Number: M22000013911

Please hear the eschinal schmission date us like file dute linnels! 1

We have received your document for MREP ALLAPATTAH OWNER, 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: 823A00023640

Please near the elesional submission date as the file date thanks ! i)

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.

1Na	ame of the limited li	ability company: MREP Allap	pattah Owner,	1.1.	.c		<u></u>		
2. ()	Principal office	address of limited liability company IUST BE STREET ADDRESS	,:: '	,		Mailing address (Note: MAY	s of limited li	ability c	ompany:
	70) BRICKELL A	VENUE, SUITE 1400		701 BRICKELL AVENUE, SUI				1400	
	MIAMI, FL 33131			_	MIAMI, I	FL 33131			-
	09/07/2022			M	12200001.	3911			
3.	Date of fil	ing/registration in Florida	4.			Document n	number		
5 (0)									
5. (a)	Registered Agent and I	Registered Office shown on the recor	rds of the Florid	da D	Dept. of Sta	— te:			
	C T CORPORATIO				,				
	Registered Office Add	ress (MUST BE FLORIDA STR	EET ADDRES	SS)		_			
	1200 SOUTH PINE								
	PLANTATION		_, FL_33324				TALL	2023 OCT 11	
			<u></u>			_	AH A	0CT	77
(b)	Carrier CNPW IS	egistered Agent and/or NEW Regis	1.4355				SSI	=	Γ.
	Enter name of NEW R	egistered Agent and/or NEW Regis	stered Office a	<u>ddr</u>	ess:		<u></u> €	A	IT!
	Incorporating Servi	ces, Ltd.					LAHASSEE, FLORIDA	M 8: 28	
	NEW Registered Office	ce Address:	•			_	ant.	28	
	1540 Glenway Drive						**		
	Tallahassee		FL 32301						
change agent v was/we	or changes are mad will be identical. Or ere authorized by an	pany is not organized under the the Florida street address of a Florida limite affirmative vote of the membor the operating agreement of	I the register ed liability co ers of the lin	red om nite	office an pany, it i ed liabilit	nd the busines is hereby conf ty company o	s office of firmed that	the reg	gistered ange(s)
/S/	/ Eduardo Gruene	r	Edi	uarc	lo Gruene	r . Member			
Signa	ture of a member or auth	norized representative of a member				Printed or type	ed name of si	gnee	
provisi the obl to mere	by accept the appointions of all statutes re ligations of my positely reflect a change of in writing of this c	nument as registered agent and clative to the proper and compion ion as registered agent as pro in the registered office addres hange.	l agree to ac plete perform vided for in (is, I hereby c	t in tane Che 'onj	this cap ve of my apter 603 firm that	acity. I furth duties, and I 5. F.S. Or, if the limited lie	er agree to am familia this docum ability com	compler with lent is lepton to the pany his lepton to the contraction of the complex contraction of the complex contraction of the complex contraction of the complex contraction of the	ly with the and accept being filed as been
	and funt	Courtney Lehto, Assista	ant Secretar	у					
Signatu	re of Registered Agent		-						

Division of Corporations • P.O. Box 6327 • Tallahassee, F1, 32314 FILING FEE: \$25.00