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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status	(Requestor's Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status	(Address)
(Business Entity Name) (Document Number) Certificates of Status	(Address)
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ral Instructions to Filing Officer:	е Соріеs	Certificates of Status
	ual Instructions to I	Filing Officer:

Office Use Only



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JAN 25 2223

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 391496 4720279
AUTHORIZATION: THE BELLE MAN
COST LIMIT : \$ 25.00
ODDED DAME Towns 22 2022
ORDER DATE : January 23, 2023
ORDER TIME : 9:51 AM
ORDER NO. : 391496-005
CUSTOMER NO: 4720279
CHANGE OF AGENT
NAME: MFP OPERATING LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

COVER LETTER

	egistration Section vision of Corporations								
SUBJECT	MFP Operating, LLC								
SCHOLC		Name of Limited Liability Company							
Dear Sir o	r Madam:								
The enclos	sed Registered Agent/Registered C	Office Change and f	ec(s) are submitted for filing.						
Please retu	urn all correspondence concerning	this matter to the fo	ollowing:						
Melissa Ch	ilders								
	Name of Person		_						
Maynard, (Cooper & Gale, P.C.								
	Firm/Company		_						
1901 Sixth	Avenue North, Suite 1700								
	Address		_						
Birminghar	n, AL 35203								
-	City/State and Zip Code	;							
mchilders@	maynardcooper.com								
E-ma	il address: (to be used for future a	nnual report notific	ration)						
For further	information concerning this matte	er, please call:							
Melissa Ch	ilders	205 at (488-3612						
	Name of Person		Area Code & Daytime Telephone Number						
Re Di P.	ailing Address: egistration Section vision of Corporations O. Box 6327 illahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

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. Na	ame of the limited liability company: MFP Operating. I	.I.C					
2. (a)		(b)					
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limit	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	830-13 A1A North #341						
	Ponte Vedra Beach, FL 32082						
	11/16/2022	M2200001	7313				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a)					207		
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	te:		2023 JAN	• - 7	
	CT Corporation System				25		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	_		21	. 	
	1200 South Pine Island Road		_	-,·;		1 - 1	
	Plantation , FL	33324	_	101	ά	أحيا	
				15,	ဌ		
(b)	Enter name of NEW Registered Agent and/or NEW Registered		_				
	hnter name of NEW Registered Agent and/or NEW Registered	Office address:					
	Corporation Service Company						
	NEW Registered Office Address:		_				
	1201 Hays Street		_				
	Taliahassee , FL	. 32301 	<u> </u>				
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered office an ability company, it in the limited liability	nd the business office is hereby confirmed ty company or as oth	of the	registe chang	ered ze(s)	
	er Von Der Ahe	Peter Von Der A					
•	ture of a member or authorized representative of a member	_	Printed or typed name	_			
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	ee to act in this cap performance of my I for in Chapter 60, pereby confirm that	acity. I further agre duties, and I am Jam 5, F.S. Or, if this do the limited liability (re to co ulliar w cument compai	mply with and is being his being has	vith the l accept ng filed been	
Signatu	re of Registered Agent						