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(Re	questor's Name)	
	, , , , , , , , , , , , , , , , , , , ,	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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2023 KOV 13 PH 1: C Secretary

2023 NOV 13 PM

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11/13/2023

NAME: 13-MPN, LLC

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AUTHORIZATION: ABBIE/PAUL HODGE

POHA

COVER LETTER

i3-MPN, LLC SUBJECT:		
	f Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
JILL WHITE		
Name of Person		
NATIONAL SERVICE INFORMATION, INC		2023 NOV 13 PH 1: 67
Firm/Company		RE NOT 1
145 BAKER ST		\mathcal{F}_{i} ω
Address		,
MARION, OHIO 43302		14 5
City/State and Zip Code		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, ple	ease call:	
JILL WHITE	740 387-6806 at ()	
Name of Person	Area Code & Daytime Telephone N	lumber
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following am	ount:	
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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

Na	me of the limited liability company: i3-MPN, LLC		
(a)		(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)
	Date of filing/registration in Florida	4.	Document number
(a)	C T CORPORATION SYSTEM		
aj	Registered Agent and Registered Office shown on the records of	f the Florida Dept. o	f State:
	1200 SOUTH PINE ISLAND ROAD PLANTATION, F	L 33324	202
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	2023 KOV SEGRET
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION , F	L 33324	
	NRAI Services, Inc.		<u> </u>
b) .	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	<u> </u>
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation	. ³³³²⁴	
hai t w we rtic	mited liability company is not organized under the lange or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registered of the limited list of the limited list in li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
	ure of a member or authorized representative of a member	Paul Maple	, General Counsel and Secretary Printed or typed name of signee
	·		s capacity. I further agree to comply with the