P9400001945

(Re	equestor's Name)		
(Ad	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Name)	<u>. </u>	
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2021 SEP 15 AH 10: 22

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ALLAHASSEE, FUR

SSEE, FURC

RA/RC/Ch8

SEP 1 P 2021

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 9958467 7855256

 $\langle \Lambda, \rangle$

COST LIMIT :

ORDER DATE : September 13, 2021

ORDER TIME : 3:06 PM

ORDER NO. : 995846-015

CUSTOMER NO: 7855256

CHANGE OF AGENT

NAME: MMG DEVELOPMENT CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes. organized under the laws of the State of FL registered agent, or both, in the State of Florida.	this
	he corporation: MMG DEVELOPM		
2. The principal	office address: 16000 W Charleste	on Blvd, Las Vegas, NV 89135	
3. The mailing a	ddress (if different):		
		Document number: P94000061945	
	I street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file with the resigned)	
	NRAI SERVICES, INC		202
	1200 South Pine Island Road		2021 SEP 15
	Plantation, FL 33324		5
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office	AH 10: 22
	Corporation Service Company		2
	1201 Hays Street	17/1	
		P.O. Box NO l'acceptable	
	Tallahassee	FL 32301	
The street addre	ss of its registered office and the be identical.	street address of the business office of its register	red agent.
	<u></u>	dopted by its board of directors or by an officer s een notified in writing of the change.	0
	Jin & alenin	Jill Cilmi, Vice President	
l hereby accept I further agree t of my duties, an document is beit corporation has	the appointment as registered age of an other or director the appointment as registered age of comply with the provisions of a d I am familiar with and accept to glied merely to reflect a chang been notified in writing of this con Service Company	Printed or typed name and title ent and agree to act in this capacity. ll statutes relative to the proper and complete pe he obligation of my position as registered agent. e in the registered office address, I hereby confirmange.	rformance Or, if this n that the
By: χνω		09/13/2021	
	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Grace E. Kirby, A	Asst. Vice President		
Ty	ped or Printed Name		

* * * FILING FEE: \$35.00 * * *