Division of Corporations



H240000815373ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE MPC LOGISTICS SIXTEEN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

M. SOLOMON

MAK 1 2024

Electronic Filing Menu Corporate Filing Menu

Help

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: MPC LOGISTICS	SIXTE	EN, LLC		
2. (a)	189 S ORANGE AVE STE 1170	((b) 189 S ORANGE AVE STE 1170		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	<u> </u>	Mailing address of limited liabil (Note: MAY BE POST OFF	,
	ORLANDO, FL 32801	_	ORLAN	IDO, FL 32801	
	06/22/2022		L2200028	31848	
3.	Date of filing/registration in Florida	4.	*****	Document number	
5. (a)	McCraney, Steven				
./. 144)	Registered Agent and Registered Office shown on the records of the	he Florid	a Dept. of St	late:	
	189 S ORANGE AVE STE 1170				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	<u>S)</u>		<u>~</u> a
					2024
	ORLANDO, FL_	32801			[편 [편 [편
(h)	Corporate Creations Network Inc.				
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	idress.		<u>.</u>
	801 US Highway 1				÷ω
	NEW Registered Office Address:			_	
	North Palm Beach	33408			
hange igent w was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	s of the register bility co	ed office a ompany, it nited liabil	nd the business office of the is hereby confirmed that the ity company or as otherwise	registered change(s)
	Ashlau Parkins	Ash	ley Perkins	Attorney-in-Fact	
Signat	ure of a member of authorized representative of a member			Printed or typed name of signed	:
provisio he obli o mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I ha I in writing of this change.	erform	ance of mi	: duties - and I am Tamiliar w	ith and accent
	Perkins, Special Secretary Ashley Parkins				

Signature of Registered Agent