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LLC REGISTERED AGENT CHANGE ML JACKSONVILLE HEIGHTS LLC

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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.

a) .	C/O DEL ORO LEASING OFFICE		(b)	C/O DEL	ORO LEASING OF	FICE			
	Principal office address of limited Hability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			y:	
	7001 NW 16TH STREET			7001 NW	16TH STREET	MI SI FIUD	שעמי		
	PLANTATION, FL 33313-5270			PLANTATION, FL 33313-5270					
	MAY 11, 2022		M22000007349						
a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.	_		Document number	r			
-	Registered Agent and Registered Office shown on the records of	the Flor	ida L	Dept. of State	 e:				
	Registered Office Address MUST BE FLORIDA STREET	ADD <u>RE</u>	<u>SS)</u>		-	 }_ 		7073 JU	
	PLANTATION, FI	33324			-	بر من س	, A, A	JUNIZS	
) .	NRAI SERVICES, INC.						105		
	Enter name of NEW Registered Agent and/or NEW Registered	Office	ddr	£13:	-	_02:07	FIVE	84:7111	
	NEW Registered Office Address:				-				
	1200 SOUTH PINE ISLAND ROAD			·	-				
	PLANTATION, FL	33324							
ge W Vei	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liar e authorized by an affirmative vote of the members of the organization or the operating agreement of the	vs of the registe ability of the li limited	red com mite lial	office and pany, it is d liability	if the business office thereby confirmed company or as office pany.	e of the reg that the cha	istered inge(s	d ()	
atı	ure of a member or authorized representative of a member				Printed or typed name	of signee			
eb iç	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I h	ee to ac perform	et in nanc Che	this capa ce of my d anter 605.	ncity. I further agre luties, and I am fan F.S. Or. if this do	e to comply miliar with a cument is b	y with ind ac eing f	the cep flec	

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

Signature of Registered Agent