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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

| Email | Address: | | |
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| | | | |

LLC REGISTERED AGENT CHANGE BA INVESTMENT GROUP-REAL ESTATE, LLC

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

R-18 AM 9: 3

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Fax: 18134365206

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. N | ame of the limited liability company: | BA Invest | mer | nt Grou | p-Real Estate | LLC | |
|--|---|--|--|---|---|-----------------------------------|--|
| 2. (a) | | | (b |) | | | |
| L. (d) | Principal office address of limited lial (Note: MUST BE STREET A | | _ (~ | , <u> </u> | Mailing address of limited liabil (Note: MAY BE POST OFF | | |
| | 7901 4th St N STE 300 | | | 7901 4 | th St N STE 300 | | |
| | St. Petersburg FL 33702 | | _ | St. Peter | rsburg FL 33702 | | |
| | 12/01/21 | | | L2100 | 0519101 | | |
| 3. | Date of filing/registration in | Florida | 4. | | Document number | | |
| 5. (a) | VGV (US) LLC | | | | | | |
| J. (u) | Registered Agent and Registered Office show | n on the records of th | e Florida | Dept. of State | - 2: | | |
| | 2100 Ponce de Leon Blvd | | | | _ | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | | |
| | Suite 860 | | | | - | | |
| | Coral Gables | , FL | 33134 | ļ | | | |
| (b) | Pagistared Agents Inc | | | | | | |
| (0) | Enter name of NEW Registered Agent and/o | r NEW Registered C | Office ad | dress: | | , _{T7} | |
| | 7901 4th St N | | | | | lil. | |
| | NEW Registered Office Address: | | | | STA | D | |
| | STE 300 | | | | | | |
| | St. Petersburg | , FL_ | 33702 | 2 | | | |
| the cha agent was/w the art | imited liability company is not organizange or changes are made, the Florida will be identical. Or, in the case of a Fere authorized by an affirmative vote cicles of organization or the operating a | street address of the land of the liab Plorida limited liab of the members of the li | he regist offity co the firm imited b | stered office ompany, it is sited liability | e and the business office of shereby confirmed that the year or as otherwise apany. | of the registered ne change(s) | |
| Signature of a member or authorized representative of a member | | | | חווי חטוופ | Printed or typed name of sign- | <u> </u> ee; | |
| I here provis the ob- to mer | by accept the appointment as registere ions of all statutes relative to the prop igations of my position as registered c ely reflect a change in the registered of d in writing of this change. | ed agent and gare | erform for in (ereby c | ance of my (Chapter 605 onfirm that (| acity. I further garee to c | omply with the | |

Signature of Registered Agent