## H9000001352

(Requestor's Name)				
····				
(Address)				
(Address)				
( iddissay)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE				
J. HORNE AUG Z Y 2025				

Office Use Only



600456940196



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Cheyanne at 850-202-1882

Date:_	08/28/202	5					
Name:	Delijah	Showers	,				
Refere	nce #: <b>2</b>	873781					
	Entity Name: AHI BORROWER GP, LLC						
			o Transact Business				
	Amendment						
$\checkmark$	Change of Agent						
	Reinstatement						
	Conversion						
	Merger						
	☐ Dissolution/Withdrawal						
	Fictitious Name						
	Other						
Author	ized Amount:	\$25					
	ure: Delijah S						



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Cheyanne at 850-202-1882

Date:	08/28/2025					
	Delijah Showers	_				
Reference #	2873781	<u>_</u>				
	e:AHI BORI	ROWER GP, LLC				
Articl	es of Incorporation/Authorization	n to Transact Business				
Amendment						
Reinstatement						
☐ Conversion						
Merger						
☐ Dissolution/Withdrawal						
Fictitious Name						
Othe	r					
Authorized /	Amount: <b>\$25</b>					
Signature: 4	Delijah Showers					

## 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:	AHI_B0	ORROWER GP, LLC
	No Change	(b)	No Change
` `	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1/29/2020		M20000001252
3.	Date of filing/registration in Florida	4.	Document number
5. (a	) CT CORPORATION SYSTEM		
J. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida Dept. o	of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET A	2025	
(b)			
	PLANTATION, FL_	33324	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	2: 42	
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee FL_	32301	<del></del>
the cl agent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liability were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the liability.	rs of the State of the registered bility company of the limited lia	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	/s/ Helen Cho		Helen Cho
_	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the oi to me	eby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p bligations of my position as registered agent as provided rely reflect a change in the registered office address. I h ed in writing of this change.	e to act in this performance of I for in Chapte ereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been
	/s/ Tim Mayville		
Signa	ture of Registered Agent		