| Authorized Person(s) Detail : |                                     |                 |                                     |
|-------------------------------|-------------------------------------|-----------------|-------------------------------------|
| Title                         | MGR                                 | Title           | AUTHORIZED REPRESENTATIVE           |
| Name                          | ALPINE INCOME PROPERTY OP, LP       | Name            | SMITH, DANIEL                       |
| Address                       | 1140 N WILLIAMSON BLVD<br>SUITE 140 | Address         | 1140 N WILLIAMSON BLVD<br>SUITE 140 |
| City-State-Zip:               | DAYTONA BEACH FL 32114              | City-State-Zip: | DAYTONA BEACH FL 32114              |
|                               |                                     |                 |                                     |
|                               |                                     |                 |                                     |
|                               |                                     |                 |                                     |

# P.O. BOX 10809 DAYTONA BEACH, FL 32120 US

Electronic Signature of Registered Agent

#### FEI Number: 59-0483700

DOCUMENT# M1700002645

1140 N WILLIAMSON BLVD

DAYTONA BEACH, FL 32114

**Current Mailing Address:** 

SUITE 140

Entity Name: CTO17 BRANDON FL LLC

**Current Principal Place of Business:** 

#### Name and Address of Current Registered Agent:

SMITH, DANIEL E 1140 N WILLIAMSON BLVD SUITE 140 DAYTONA BEACH, FL 32114 US

SIGNATURE: DANIEL E SMITH

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

> **AUTHORIZED** REPRESENTATIVE

## SIGNATURE: DANIEL SMITH

Electronic Signature of Signing Authorized Person(s) Detail

### Secretary of State 2648374352CC

03/05/2024 Date

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

03/05/2024