A18000000175

(Requestor's Name)			
	Address)			
`	, tod. 033 ₇			
(Address)				
	City/State/Zip/Phone #)			
(City/State/Zip/Prione #)			
		_		
PICK-UP	WAIT	MAIL		
	- · · · · · · · · · · · · · · · · · · ·			
(Business Entity Name)			
	Document Number)			
Certified Copies Certificates of Status				
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Special Instructions to I	Flang Officer:			

Office Use Only



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2023 AUG -9 AM 10: 59

2023 AUG -9 AM II: 26

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 920729 8408630				
AUTHORIZATION THE SELENAN				
COST LIMIT : \$-35.00				
ORDER DATE : August 4, 2023				
ORDER TIME : 9:08 AM				
ORDER 11ME : 9:00 AM ORDER NO. : 920729-002				
ORDER NO. : 920729-002				
CUSTOMER NO: 8408630				
CHANGE OF AGENT				
NAME: 101 SOUTHHALL REALTY, LLLP				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker EXT#				
EXAMINER:				

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. 101 SOUTHH.	ALL REALTY, LLLP		
	Name of Limited Partnership or Limi	ted Liability Limited Partnershi	P
2. 04/27/2018		3. A18000000175	
Date of fi	f filing/registration in Florida Florida docum		nt number
4. The name of th Department of Sta	e registered agent and the registered o	office address as shown on the re	cords of the Florida
	WIDEMAN, EDMUND C, III		
	Nam	e	
	333 S. GARLAND AVENUE,	SUITE 1300	P 1 2023 AUG SELVAHA TALLAHA
	Addre	ess ess	SA P
	ORLANDO, FL 32801		HA HA
	City, State	and Zip	3-9 A
5. The name and	Florida street address of the new regis	tered agent and/or office:	AM O:
	Corporation Service Company	1	COS
	Nam	e	59 RRD
	1201 Hays Street		
	Florida street address (P.C	D. Box not acceptable)	
	Tallahassee	_FL_ ³²³⁰¹	
	City, State		
6 Such change(s)	is/are effective when filed by the Flo	rida Department of State.	
o. Such change(s)			
Signature of Gene		, Authorized Person on behalf of 101	Southhalf Management, LLC, its GP
Signature of Gene	rai Faither		
comply with the pi	e appointment as registered agent and rovisions of all statutes relative to the with an accept the obligations of my p	proper and complete performan	further agree to nce of my duties,
Signature of Regis	stered Agent		
-	sst. Vice President		
Filing Fee:	\$35.00		

Certified Copy (optional): \$52.50