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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone

: (800)345-4647

Fax Number

: (800)432-3622

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

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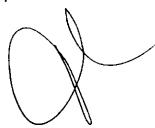
## REGISTERED AGENT CHANGE THIRD LAKE RE VALUE-ADD OFFICE FUND II, LP

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## (((H23000069894 3)))

## 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. THIRD LAKE RE VA	LUE-ADD OF	FICE FUN	D II, LP	<del></del>
Name of Limited	l Parmership or Limi			
2.9/21/2021		· · · · · · · · · · · · · · · · · · ·	000000419	. —
Date of filing/registration i	n Florida	I	Florida document numbe	er .
<ol> <li>The name of the registered agent Department of State.</li> </ol>	t and the registered o	ffice address as	shown on the records of	the Florida
FORSYTH	IE, ROBERT	_	<u>.</u>	
<del></del> -	Name	ē		
1600 E 8tt	n Avenue, Suite	A132-A		
	Addre	SS		-3
TAMPA, F	L 33605			702
	City, State a	and Zip		7.1
5. The name and Florida street add	ress of the new regis	tered agent and/	or office:	TEB CH T
Capitol Co	rporate Services			75.
	Name	c		ζης, ;τι-:
	Park Avenue 2nd			
Florid	da street address (P.C	). Box not accep	table)	113
Tallahasse	ee	FL_	32301	•
<del></del>	City, State a	and Zip		
6. Such change(s) is/acc effective v	when filed by the Flor	rida Department	of State.	
I hereby accept the appointment as comply with the provisions of all st and I am familiar with an accept th	atutes relative to the	proper and com,	plete perjormance oj my	igree to duties,
Bin Producti			st. Secretary on be	half
Signature of Registered Agent	of Ca	apitol Corpora	ate Services, Inc.	
Filing Fee: Certified Copy (optional):	\$35.00 \$52.50			
	(((H23000069	0894 3)))		