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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 MULTIFAMILY FUND IV, LP

Certificate of Status	0
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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.

I. THIRD LAKE RE MULTIFAMILY FU Name of Limited Partnership or Limite	JND IV, LP
Name of Limited Parmership of Lumbe	
2. 9/21/2021 Date of filing/registration in Florida	3 B2100000422 Florida document number
 The name of the registered agent and the registered off Department of State; 	ice address as shown on the records of the Florida
FORSYTHE, ROBERT	
Name	
1600 E 8th Avenue, Suite A	132-A
Address	
TAMPA, FL 33605	
City, State at	nd Zip
5. The name and Florida street address of the new registe	,
Capitol Corporate Services,	Inc. 32 2
Name	ທີ
515 East Park Avenue 2nd	FISC 🖴
Florida street address (P.O.	
Tallahassee	FL 32301
City, State at	aid Zip
6. Such change(s) is/are effective when filed by the Flori	da Department of State.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with an accept the obligations of my po	roper and complete perjormance of my auties,
Brian Brian	Radecki, Asst. Secretary on behalf
Signature of Registered Agent of Ca	pitol Corporate Services, Inc.
Filing Fee: \$35.00 Certified Copy (optional): \$52.50	
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