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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 : (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.

r	•	٦.	Address:

REGISTERED AGENT CHANGE THIRD LAKE RE MULTIFAMILY FUND II, LP

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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.

1 THIRD LAKE RE MUL	TIFAMILY FUN	ND II, LP Liability Limited Partnership	
	articismp of comment	3.B21000000425	
2. 9/21/2021 Date of filing/registration in	Florida	Florida document number	
4. The name of the registered agent a Department of State:	and the registered office	address as shown on the reco	ords of the Florida
FORSYTHE	, ROBERT		
	Name		
1600 E 8th	Avenue, Suite A13	2-A	
	Address		
TAMPA, FL	33605		707
,	City, State and	Zip	
5. The name and Florida street addre	ss of the new registered	agent and/or office:	1023 FEB 24
Capitol Cor	C		
 42	Name) 건 구 고 구
515 East Pa	ark Avenue 2nd Fl		c
	street address (P.O. Bo	x not acceptable)	- 2至 ·
Tallahassee		FL_32301	· ·
	City, State and	Zip	
6. Such change(s) is are effective who Signature of Geograf Partner	nen filed by the Florida	Department of State.	
I hereby accept the appointment as recomply with the provisions of all state and I am familiar with an accept the	utes relative to the prop	ver and complete perjornianc	urther agree to e of my duties,
Bin Brilleti	Brian Ra	adecki, Asst. Secretary	on behalf
Signature of Registered Agent	of Capite	ol Corporate Services, I	nc.
Filing Fee:	535.00		
Certified Copy (optional): 5	552.50		
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