

B21 000000476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

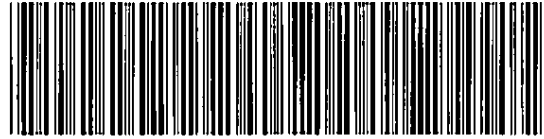
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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 822931 5035116

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : June 19, 2023

ORDER TIME : 9:34 AM

ORDER NO. : 822931-049

CUSTOMER NO: 5035116

2023 JUN 30 AM 10:19

CHANGE OF AGENT

NAME: GRASS LAKE FL, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS: _____

**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. GRASS LAKE FL, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 10/14/2021 3. B21000000476
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT CORPORATION SYSTEM
Name
1200 S PINE ISLAND RD
Address
PLANTATION, FL 33324
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Jill E. Cilmi Jill Cilmi, Authorized Person on behalf of Grass
Signature of General Partner Lake GP, LLC A Virginia LLC. General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Grace E. Kirby
Signature of Registered Agent
Grace E. Kirby, Asst. Vice President

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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