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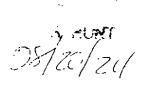
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:08/	/19/2024		
Name:	Patrice Rush		
Reference #:	2464103		
Entity Name:	LMP NINTH STREE	Γ REAL ESTATE, LLC	
_	Incorporation/Authorization to	Transact Business	
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Authorized Amou	nt: \$25.00	<u> </u>	
Signature:	(Pall		

F: +852.2682.9790

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company statement in order to change its registered office or registered agent, or both, in the State of Florida.

	1.	Name of the limited liability company:L			LMP NINTH STREET REAL ESTATE, LLC		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 5/21/2007 L07000053753 3. Date of filing/registration in Florida 4. Document number 5. (a) REDDEN, DAVID H Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 11600 NINTH ST N ST. PETERSBURG FL 33716 (b) Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 115 North Calhoun Street, Suite 4 NEW Registered Office Address: Tallahassee FL 32301 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registere agent will be identical. On in the case of a Florida limited liability company, it is thereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization are registered agent and agree to act in this capacity. I further agree to cumply with the provisions of all statutes relative to the proper and cumpled performance of my duties, and I am familiar with and accept the additions of my position as registered agent and provided for in Chapter 603, F.S. On, If this document is being filed to morely reflect a change in the registered agent and provided for in Chapter 603, F.S. On, If this document is being filed in writing of this change.	2. (:	no change		(h)	no change		
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Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address MUST BE FLORIDA STREET ADDRESS 11600 NINTH ST N		5/21/2007			L07000053753		
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Michael Carlisle, Assistant Secretary

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