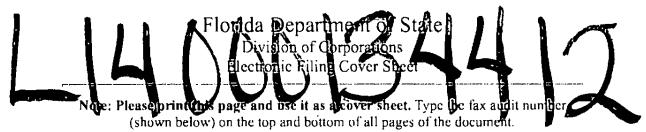
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Division of Corporations



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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

## LLC REGISTERED AGENT CHANGE TOPOLIFT JOINT VENTURE, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

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## 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 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company: TOPOLIFT JOIN	I VENTUR	E, LLC		
7 (a)		(is)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Maili	ing address of limited liability company: one: MAYBE POST OFFICE BOX)	
	700 West Plant Street	7	00 West Plant	. Street	
	Winter Garden, FL 34787		Winter Garden, FL 34787		
	08/26/2014	LI	4000134412		
3.	Date of filing/registration in Florida	4.	Do	cument number	
5. (a)	F & L CORP				
	Registered Agent and Registered Office shown on the records of ONE INDEPENDENT DRIVE, SUITE 1300	the Florida D	ерт, of State:	2024 SEC	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			SECRE PARY LAHASS	
(b)	JACKSONVILLE	32202		ASSE THE	
	C T Corporation System			AHII: 66 YUF STATE ISSEE, FL	
	Enter name of NEW Registered Agent and/or NEW Registered	Officentiare		1	
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation FL	33324			
the char agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registe ability com of the limite	red office and pany, it is her d liability co	d the business office of the registered reby confirmed that the change(s) impany or as otherwise provided in	
I. ×	ey khida	Ted Kr	aak, President		
Signut	ure of a member or authorized representative of a member	-	Pri	nted or typed name of signee	
provision the oblication of the object of th	oy accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide iv reflect a change in the registered office address, I I I in writing of this change.  Composition System	performan d för in Ch hereby conj	ce of my duti	ies, and Lam familiar with and accent	
By: Signatur	e of Registered Agent				