Division of Corporations



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tgood@trenam.com Email Address:

LLC REGISTERED AGENT CHANGE THE SAVVYCARD FLORIDA FUND II, LLC

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JUN 1 5 2023 K. Brumbiey

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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	ame of the limited liability company: The Savvycard F	lorida F	und II, LLC	
2. (a)			(b)	
Z. (L)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Aniling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1311 N. Westshore Boulevard, Suite 101		1311 N. We	estshore Boulevard, Suite 101
	Tampa, FL 33607		Tampa, FL	33607
	12/24/2014		L140001950	80
3.	Date of filing/registration in Florida	— 4.	-	Document number
5. (a)	Trenam Law			
5. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of State	: :
	101 E. Kennedy Boulevard			
	Registered Office Address (MUST BE FLORIDA STREET	<u> ADDRE</u>	<u></u>	
	Suite #2700			
	Tampa	33602		
(L)	, FI	L		
	TK Registered Agent, Inc.			2023 JUN 14
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
				= = = = = = = = = = = = = = = = = = =
	101 E. Kennedy Boulevard			
	NEW Registered Office Address:			P
	Suite 2700			
				:> :>
	Tampa . FI	33602		
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like the authorized by an affirmative vote of the members of cles of organization or the operating agreement of the them. These Oblidation of authorized representative of a member	e registe ability of the li- limited T	ered office and company, it is imited liability d liability comp homas Wallace	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	nerfor	mance of my d	uties, and I am familiar with and accept
	#~			
Signatu	re of Registered Agent			