## 1600032418

(Requestor's Name)				
· · · · · · · · · · · · · · · · · · ·				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Sounded Emily Home)				
(Document Number)				
Certified Copies Certificates of Sta	tus			
Special Instructions to Filing Officer:				
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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. N	ame of the limited liability company: TG 2871	OAK	INVESTME	ENTS, LLC
2. (a)			(b)	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailin	ng address of limited liability company: te: MAY BE POST OFFICE BOX)
	3310 MARY STREET, SUITE 302		3109 GRAND	AVENUE #349
	COCONUT GROVE, FL 33133		COCONUT GE	ROVE, FL 33133
	02/16/2016		L16000032418	
3.	Date of filing/registration in Florida	4.	Doce	ument number
5. (a)				
J. (u)	Registered Agent and Registered Office shown on the records	of the Flori	da Dept. of State:	
	NRAI SERICES, INC.			20
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	SS).	
	1200 SOUTH PINE ISLAND ROAD		<del>.</del>	
	PLANTATION	FL 33324		2024 JUN 18 PM 12: Secretary 15 274
		<u>-</u>		17 53
(b)				
	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddress:	· · · · · ·
	Corporation Service Company			
	NEW Registered Office Address:	<u>.</u> .		
	1201 Hays Street			
	Tallahassee	<sub>Fi</sub> 32301		
		, L		
change agent v was/we the art:	limited liability company is not organized under the less or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icless of organization or the operating agreement of the	he register liability c s of the lir	ed office and the ompany, it is here nited liability com	business office of the registered by confirmed that the change(s) pany or as otherwise provided in
	ture of a member or authorized representative of a member	JIL	L CILMI, AUTHOR	RIZED PERSON
				ed or typed name of signee
	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, d in writing of this change.	gree to ac te perforn ted for in I hercby c	t in this capacity. ance of my duties Chapter 605, F.S. onfirm that the lin	I further agree to comply with the and I am familiar with and accept Or, if this document is being filed nited liability company has been
Cianatu	Maca C-Kubly  Tre of Registered Agent	GRACE	E. KIRBY, ASST	. VICE PRESIDENT