## L1700000 12474

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
3. HORNE 20th						

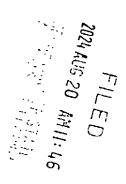
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	08/20/2024	(850) 202-1882
Name:	Cheyanne Davis	<u> </u>
Reference #	2464103	_
	LMP AT E	LYSEE 3701, LLC
☐ Article	es of Incorporation/Authorization  Indment  Indicate the second of the s	
_	statement	
☐ Conv	ersion er	
— ☐ Fictitie	olution/Withdrawal	
Authorized A		



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Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	08/20/2024	(850) 202-1882
Name:	Cheyanne Davis	
Reference	e #: <b>2464103</b>	
Entity Nar	me: LMP AT ELYSE	E 3701, LLC
☐ Art ☐ Am	icles of Incorporation/Authorization to Tra nendment ange of Agent instatement	
	nversion	
 ☐ Fic	ssolution/Withdrawal titious Name	
	d Amount: <b>\$25.00</b>	

F: B00.944.6607



## 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.

Name of the limited liability company:			LMP AT ELYSEE 3701, LLC			
2. (	(a)	no change		(b)	no change	
·	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
3		4/3/2017	-		L17000072474	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	REDDEN, DAVID H			<u> </u>	
		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				
		OT DETERORUSO		22716	<del></del>	
		ST. PETERSBURG FL_		33716	<del></del>	
	(b)	Cogency Global Inc.			۳	
,	(0)	Enter name of NEW Registered Agent and/or NEW Registered (	Office	Office address:		
		115 North Calhoun Street, Suite 4			FILED AH II: 47 2024 AUG 20 AH II: 47	
		NEW Registered Office Address:	_			
		Tallahassee . FL_		32301		
the age was	cha nt w s/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the re bility f the	egistered of company, limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in	
		/s/ David Redden	_	· · ·	David Redden	
	_	ture of a member or authorized representative of a member			Printed or typed name of signee	
pro the to n	visi obl nere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h d'in writing of this change.	perfo	rmance of r	ny duties, and I am familiar with and accept	
		/s/ Michael Carlisle				

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00

Michael Carlisle, Assistant Secretary

Signature of Registered Agent