L170018950

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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 Cheyanne at 850-202-1882

Date:	01/16/2025				
Name:	Ovidshel Occean Jr.				
Reference	e #:2625076	_			
	Intity Name: US REIT LLC				
☐ Art	ticles of Incorporation/Authorization	to Transact Business			
☐ Am	nendment				
✓ Ch	ange of Agent				
☐ Re	instatement				
☐ Co	nversion				
□ Ме	erger				
☐ Dis	ssolution/Withdrawal				
☐ Fic	titious Name				
☐ Otl	her				
Authorize	d Amount: \$25.00				
Signature	J. Buen Jus				

F: 800.944.6607

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 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:		US REIT 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: (Nate: MAY BE POST OFFICE BOX)
		9/6/2017		L17000189580
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	L2 PARTNERS LLC		
		Registered Agent and Registered Office shown on the records of	the Florida Dep	L of State:
		1221 BRICKELL AV SUITE 140	0	
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	TALLAHASSET
		MIAMI , FI	33131	ASS.
I	(b)	Cogency Global Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1.050	
		115 North Calhoun Street, Suite	•	ri.
		NEW Registered Office Address:		
		Tallahassee FI	32301	
the age was the	cha nt w s/we arti	imited liability company is not organized under the large or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registere lability compa of the limited limited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
S	ignat	ure of a member or authorized representative of a member		Printed or typed name of signee
pro the to n	visio obli nere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I I'm writing of this change.	ree to act in the performance of for in Chap hereby confir	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
		s/ Tim Mayville		
510	กลเม	re of Registered Agent		

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