## 18000153216

(Re	equestor's Name)							
(Ac	ddress)							
(Ad	ddress)							
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
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(Document Number)								
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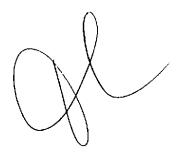


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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT

7596800

ORDER DATE: May 16, 2024

ORDER TIME : 4:06 PM

ORDER NO. : 471241-007

CUSTOMER NO: 7596800

CHANGE OF AGENT

NAME: 2262 WILTON DRIVE TG

INVESTMENTS GP MEMBER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

## 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.

I. N	ame of the limited liability company: 2262 WILT	ON DRIVE TO	3 INVEST	MENTS GP ME	MBER, LL	С	
2. (a)		(h	<i>.</i> )				. <u></u>
2. (L)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		(b)				
	3310 Mary Street Suite 302						_
	Coconut Grove, FL 33133						
	06/15/2018		L180001	53216			
3.	Date of filing/registration in Florida	<del></del> 4.		Document num	nber	<del></del> :	
5 (a)						207	
5. (a)	Registered Agent and Registered Office shown on the recor	ds of the Florida	Dept. of Sta	ute:		8 I NUL 1202	"11
	NRAI SERVICES, INC.	-		_	:_	-	K. James All Lane
		tered Office Address (MUST BE FLORIDA STREET ADDRESS)			ري. د م		. TT
	1200 SOUTH PINE ISLAND ROAD				• •	7	(
	PLANTATION	33324			- ': -	9: 07	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	tered Office add	<u>iress</u> :				
	NEW Registered Office Address:						
	1201 Hays Street						
		<del></del>		<del>_</del>			
	Tallahassee	. FL_32301		_			
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the members of organization or the operating agreement of	the registered of liability cores of the limith the limited liability.	d office ar npany, it i ted liabili ability cor	nd the business o is hereby confirm ty company or a:	office of the ned that the s otherwise	e registe e chans	ered re(s)
Signat	Signature of a member or authorized representative of a member			Printed or typed name of signee			
l hereb provision the obli to mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as provity reflect a change in the registered office address I in writing of this change.	agree to act i lete performa sided for in Cl s, I hereby con	in this cap nce of my hapter 602 nfirm that	anita I familian	-		rith the l accept ig filed been
Signatur	Mace Cokuby re of Registered Agent	GRACE E.	. KIRBY,	ASST. VICE PI	RESIDEN	T	