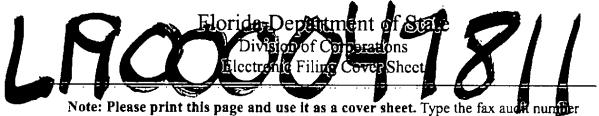
Division of Corporations



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Account Number : 076424003301

Phone : (813)223-7474

22-2459/SSH Fax Number : (813)227-0435

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ED	J: 42	TATE ATIONS ORIDA	Email	Address:	tgood@trenam.com
	-9 AM	FCORPORASSEE, FL	The second section of	LLC	REGISTERED AGENT FF TSO LIFE FUND L
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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: FF TSO Life Fu	ind LLC			•					
2. (a)			(b)							
• • •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)							
	1311 N. Westshore Boulevard, Suite 101		1311 N. Westshore Boulevard, Suite 101							
	Tampa, FL 33607		Tampa, FI. 33607							
	02/18/2019		L190	00047811						
3.	Date of filing/registration in Florida	4.		Documen	t number					
5. (a)	Trenam Law									
J. (u,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:									
	101 E. Kennedy Boulevard	101 E. Kennedy Boulevard								
	Registered Office Address (MUST BE FLORIDA STREET	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)								
	Suite #2700			<u> </u>						
	Tampa , F	33602			5					
				<u>.</u>	: ع	2023				
(b)	TK Registered Agent, Inc.			دے (ب						
	Enter name of NEW Registered Agent and/or NEW Registere			•						
	101 E. Kennedy Boulevard			re ir						
	NEW Registered Office Address:	 		FH 2:						
	Suite 2700					ယ				
					•	ස				
	Tampa . F	L 33602								
change agent v was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited let ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe iability of of the li e limited	ered offi compan mited l	ice and the busing, it is hereby containing it is hereby containing the company ty company.	ess office o	f the registered at the change(s)				
Signa	ture of a member or authorized representative of a member			Printed or t	yped name of	signee				
I here provis the obt to mer notifie	by accept the appointment as registered agent and ag 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.	ree to a performed for in hereby	ct in thi mance of Chapte confirm	is capacity. I fur of my duties, and er 605, F.S. Or, a that the limited	ther agree t I am famili if this docu liability con	to comply with the ar with and accept ment is being filed mpany has been				
1	B-V									
Signatu	ire of Registered Agent									